

Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Tax Law - Article 9, Section 183-a Amended return For calendar year 2023 Employer identification number (EIN) File number Business telephone number If you claim an overpayment, mark Legal name of corporation Trade name/DBA Mailing address State or country of incorporation Care of (c/o) Number and street or PO Box Date of incorporation Foreign corporations: date began business in NYS U.S. state/Canadian province If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1. File this form if you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) (see instructions). If not, you need not file this form, but you must disclaim liability for the MTA surcharge on Form CT-183. Payment enclosed Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of MTA surcharge 1 New York State franchise tax (from 2022 Form CT-183, line 6)..... 1 2 % 2 MCTD allocation percentage (from line 23 or 25)...... 3 Allocated tax (multiply line 1 by line 2) **4** MTA surcharge (multiply line 3 by 17% (.17)..... 4 5 Prepayments with Form CT-5.9, line 10..... 6 Overpayment (see instructions) Period 7 Total prepayments (add lines 5 and 6) 7 8 Balance (if line 7 is less than line 4, subtract line 7 from line 4) 8 9 Interest on late payment (see instructions) 9 10 Additional late charges (see instructions) 10 11 Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above) 11 12 Overpayment (if line 4 is less than line 7, subtract line 4 from line 7; see instructions) 12 **13** Amount of overpayment to be credited to New York State franchise tax (see instructions) 13 **14** Amount of overpayment to be credited to MTA surcharge for next period (see instructions)....... 14 Amount of overpayment refunded (subtract lines 13 and 14 from line 12; see instructions) Schedule A – Computation of MCTD allocation percentage (see instructions) Part 1 – General transportation and transmission corporations Α B (see instructions) **MCTD** New York State 16 Accounts receivable 16 17 Shares of stock of other companies owned (attach list showing corporate name, shares held, and actual value) 17 18 Bonds, loans, and other securities, except U.S. obligations ... 19 19 Leaseholds..... 20 20 Real estate owned..... 21 **21** All other assets (except cash and investments in U.S. obligations) 22 Total (add lines 16 through 21) 22



23 MCTD allocation percentage (divide line 22, column A, by line 22, column B; enter here and on line 2)

Part 2 – Co	orporations operating vessels in MCTE see instructions)	territorial waters		MCTD terri	A tori	al waters	New Y	ork State	B e territorial waters
24 Aggreg	Aggregate number of working days								
25 MCTD allocation percentage (divide line 24, column A, by line 24, column E enter here and on line 2)			25			%			
Third – party designee Yes No Designee's name (print) Designee's name (print)							Designe (e's phon)	e number
(see instruction	Designee's cinal address							PIN	
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.									
Authorized	Printed name of authorized person Signature of authorized p				Official title				
person	Email address of authorized person			Telephone number ()			Date		
Paid	Firm's name (or yours if self-employed)			Firm's EIN			Preparer's PTIN or SSN		
preparer use	Signature of individual preparing this return	Address	City			ity	State ZIP code		
only (see instr.)	Email address of individual preparing this return			Preparer's NYTP	RIN	or Ex	cl. code	Date	

See instructions for where to file.