



# CT-186-P/M

Staple forms here | New York State Department of Taxation and Finance

# Utility Services MTA Surcharge Return

Tax Law - Article 9, Section 186-c

Amended return

For calendar year 2011

|  |             |                                   |   |   |
|--|-------------|-----------------------------------|---|---|
| Employer identification number   | File number | Business telephone number<br>( )  |   | If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/> |
| Legal name of corporation  |             | Trade name/DBA                    |   |   |
| Mailing name (if different from legal name above)<br>c/o   |             | State or country of incorporation | Date received (for Tax Department use only) |   |
| Number and street or PO box  |             | Date of incorporation             |   |   |
| City   | State       | ZIP code                          |   |   |
| If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. |             |                                   |   |   |

If you do business in the Metropolitan Commuter Transportation District (MCTD) (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester) you must complete this form. If not, you do not need to file this form. However, you must disclaim liability for the metropolitan transportation business tax (MTA surcharge) on Form CT-186-P. See *Who must file* in the instructions.

|  |                  |
|--|------------------|
| <b>A.</b> Pay amount shown on line 14. Make payable to: <b>New York State Corporation Tax</b><br>Attach your payment here. Detach all check stubs. (See instructions for details.) | Payment enclosed |
|  | <b>A.</b>        |

### Computation of MTA surcharge

|  |   |            |   |
|--|---|------------|---|
| <b>1</b>   | Receipt amount on Form CT-186-P, line 3 derived from sources within the MCTD .....  | <b>1.</b>  |   |
| <b>2</b>   | Receipt amount on Form CT-186-P, line 3 .....   | <b>2.</b>  |   |
| <b>3</b>   | MCTD allocation percentage (divide line 1 by line 2) .....  | <b>3.</b>  | % |
| <b>4a</b>  | Tax after credits on Form CT-186-P, line 8.....   | <b>4a.</b> |   |
| <b>4b</b>  | Add back Power for Jobs credit on Form CT-186-P, line 5 .....   | <b>4b.</b> |   |
| <b>4c</b>  | Net tax (add lines 4a and 4b) .....   | <b>4c.</b> |   |
| <b>5</b>   | Allocated tax (multiply line 3 by line 4c) .....  | <b>5.</b>  |   |
| <b>6</b>   | MTA surcharge (multiply line 5 by 17% (.17)) .....  | <b>6.</b>  |   |
| <b>First installment of estimated MTA surcharge for the next period:</b> |   |            |   |
| <b>7a</b>  | If you filed a request for extension, enter amount from Form CT-5.9, line 7 .....   | <b>7a.</b> |   |
| <b>7b</b>  | If you did not file Form CT-5.9, see instructions .....   | <b>7b.</b> |   |
| <b>8</b>   | Total (add line 6 and line 7a or 7b) .....  | <b>8.</b>  |   |
| <b>9</b>   | Total prepayments (from line 25) .....  | <b>9.</b>  |   |
| <b>10</b>  | Balance (if line 9 is less than line 8, subtract line 9 from line 8) .....  | <b>10.</b> |   |
| <b>11</b>  | Estimated tax penalty (see instructions; mark an <b>X</b> in the box if Form CT-222 is attached) <input type="checkbox"/> ..... | <b>11.</b> |   |
| <b>12</b>  | Interest on late payment (see instructions) .....   | <b>12.</b> |   |
| <b>13</b>  | Late filing and late payment penalties (see instructions) .....   | <b>13.</b> |   |
| <b>14</b>  | Balance due (add lines 10 through 13 and enter here; enter the payment amount on line A above) .....                            | <b>14.</b> |   |
| <b>15</b>  | Overpayment (if line 8 is less than line 9, subtract line 8 from line 9) .....  | <b>15.</b> |   |
| <b>16</b>  | Amount of overpayment to be credited to New York State tax .....  | <b>16.</b> |   |
| <b>17</b>  | Amount of overpayment to be credited to MTA surcharge for the next period .....   | <b>17.</b> |   |
| <b>18</b>  | Amount of overpayment to be refunded .....  | <b>18.</b> |   |

| Composition of prepayments claimed on line 9 (see instructions) |   | Date paid | Amount |
|---|---|-----------|--------|
| 19  | Mandatory first installment .....                                       | 19.       |        |
| 20a   | Second installment from Form CT-400 .....                               | 20a.      |        |
| 20b   | Third installment from Form CT-400 .....                                | 20b.      |        |
| 20c   | Fourth installment from Form CT-400 .....                               | 20c.      |        |
| 21  | Payment with extension request (from Form CT-5.9, line 10) .....        | 21.       |        |
| 22  | Overpayment credited from prior years .....                             | 22.       |        |
| 23  | Add lines 19 through 22 .....   | • 23.     |        |
| 24  | Overpayment credited from Form CT-186-P .....                           | • 24.     |        |
| 25  | Total prepayments (add lines 23 and 24; enter here and on line 9) ..... | 25.       |        |

|  |  |                         |                                |
|--|--|-------------------------|--------------------------------|
| <b>Third – party designee</b><br><i>(see instructions)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) | Designee's phone number<br>( ) |
|  | Designee's e-mail address                                |                         | PIN                            |

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

|  |  |  |                                |                         |                |                        |
|--|--|--|--------------------------------|-------------------------|----------------|------------------------|
| <b>Authorized person</b>                             | Printed name of authorized person                  |  | Signature of authorized person |                         | Official title |                        |
|  | E-mail address of authorized person                |  |                                | Telephone number<br>( ) |                | Date                   |
| <b>Paid preparer use only</b><br><i>(see instr.)</i> | Firm's name (or yours if self-employed)            |  |                                | Firm's EIN              |                | Preparer's PTIN or SSN |
|  | Signature of individual preparing this return      |  | Address                        |                         | City           | State ZIP code         |
|  | E-mail address of individual preparing this return |  |                                | Preparer's NYTPRIN      |                | Date                   |

See instructions for where to file.