

**CT-186-M**

State Department of Taxation and Finance

**Utility Corporation MTA Surcharge Return**

For continuing section 186 taxpayers only (certain independent power producers)

Tax Law – Article 9, Section 186-b

Amended return ☐

For calendar year 2012

Employer identification number	File number	Principal business activity	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) and address		State or country of incorporation	Date received (for Tax Department use only)
c/o		Date of incorporation	
Number and street or PO box			
City	State	ZIP code	Foreign corporations: date began business in NYS

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.

<b>A.</b> Pay amount shown on line 16. Make payable to: <b>New York State Corporation Tax</b>		<b>A.</b> Payment enclosed <input type="checkbox"/>	
Attach your payment here. Detach all check stubs. (See instructions for details.)			

Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage (see instructions)		A MCTD	B New York State
1	Gross earnings from operating revenue .....	1	
2	Gross earnings from interest and dividends .....	2	
3	Gross earnings from other revenues .....	3	
4	Total .....	4	
5	MCTD allocation percentage (divide line 4, column A, by line 4, column B) .....	5	%

Computation of MTA surcharge		
6	Net New York State franchise tax (from Form CT-186, line 7) .....	6
7	Allocated tax (multiply line 6 by line 5) .....	7
8	Metropolitan transportation business tax (MTA surcharge) (multiply line 7 by 17% (.17); foreign corporations, see instructions) .....	8
<b>First installment of estimated MTA surcharge for next period:</b>		
9a	If you filed a request for extension, enter the amount from Form CT-5.9, line 7 .....	9a
9b	If you did not file Form CT-5.9, see instructions .....	9b
10	Add lines 8 and 9a or 9b .....	10
11	Total prepayments (from line 27) .....	11
12	Balance (if line 11 is less than line 10, subtract line 11 from line 10) .....	12
13	Estimated tax penalty (see instructions; mark an <b>X</b> in the box if Form CT-222 is attached) <input type="checkbox"/> .....	13
14	Interest on late payment (see instructions) .....	14
15	Late filing and late payment penalties (see instructions) .....	15
16	<b>Balance due</b> (add lines 12 through 15 and enter here; enter the payment amount on line A above) .....	16
17	Overpayment (if line 10 is less than line 11, subtract line 10 from line 11) .....	17
18	Amount of overpayment to be credited to New York State franchise tax .....	18
19	Amount of overpayment to be credited to MTA surcharge for next period .....	19
20	Amount of overpayment to be refunded .....	20

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Composition of prepayments claimed on line 11 (see instructions)			Date paid	Amount
<b>21</b>	Mandatory first installment .....	<b>21</b>		
<b>22a</b>	Second installment from Form CT-400.....	<b>22a</b>		
<b>22b</b>	Third installment from Form CT-400 .....	<b>22b</b>		
<b>22c</b>	Fourth installment from Form CT-400.....	<b>22c</b>		
<b>23</b>	Payment with extension request (from Form CT-5.9, line 10) .....	<b>23</b>		
<b>24</b>	Overpayment credited from prior years .....		<b>24</b>	
<b>25</b>	Add lines 21 through 24 .....	•	<b>25</b>	
<b>26</b>	Overpayment credited from Form CT-186 <input type="text" value="Period"/> .....	•	<b>26</b>	
<b>27</b>	Total prepayments (add lines 25 and 26; enter here and on line 11) .....		<b>27</b>	

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

**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 ( )		Date
<b>Paid preparer use only</b> (see instr.)	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.

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