



CT-184-R

(12/19)

Department of Taxation and Finance

Foreign Bus and Taxicab Corporation Tax Return

Tax Law — Article 9, Section 184

For calendar year _____

Employer identification number (EIN)		File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o Number and street or PO box City State ZIP code			State or country of incorporation	Date received (for Tax Department use only)	
NAICS business code number (from NYS Pub 910)			Date of incorporation		
NYS principal business activity		Foreign corporations: date began business in NYS			
If address/phone above is new, mark an X in the box <input type="checkbox"/>		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.			

Location of commercial domicile	Is this corporation authorized to do business in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No
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A. Pay amount shown on line 7. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed
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Tax computation

1	Number of trips made into New York State (see instructions)	1	
2	Tax rate	2	15 00
3	Tax due (multiply line 1 by line 2; result should not exceed \$165)	3	00
4	MTA surcharge from line 14, if applicable (if none, enter 0)	4	
5	Total (add lines 3 and 4)	5	
6	Total prepayments (see instructions)	6	
7	Balance due (if line 6 is less than line 5, subtract line 6 from line 5; enter payment on line A above)	7	
8	Overpayment to be refunded (if line 5 is less than line 6, subtract line 5 from line 6)	8	

Computation of metropolitan transportation business tax (MTA surcharge) (see instructions)

9	Total number of trips made into New York State (from line 1)	9	
10	Number of trips made into the MCTD	10	
11	MCTD allocation percentage (divide line 10 by line 9)	11	%
12	Amount of tax from line 3 above	12	00
13	Allocated tax (multiply line 12 by line 11)	13	
14	MTA surcharge (multiply line 13 by 17% (.17); enter here and on line 4)	14	

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's email 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 person	Printed name of authorized person	Signature of authorized person	Official title
	Email address of authorized person	Telephone number ()	Date
Paid preparer use only (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
	Email address of individual preparing this return	Preparer's NYTPRIN	or Excl. code Date

See instructions for where to file.