

Department of Taxation and Finance

## **Attachment to Form IT-2658**

Report of Estimated Metropolitan Commuter Transportation Mobility Tax (MCTMT) for New York Nonresident Individual Partners

| 11-2658-W1A | • |
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| Legal name  |  | Employer identif              | fication numb    |                 |  |             |  |
|---|--|-------------------------------|------------------|-----------------|--|-------------|--|
| Allocation of estimated MCTMT to                                | partners (attach                         | ⊥<br>additional Forr          | m(s) IT-265      | 58-MTA if ne    | <br>ecessary)  |             |  |
| A<br>Name and<br>address of partner                             | B<br>Partner's<br>social security number |                               | C Partner's pero | centage<br>ship | D Amount of estimated MCTMT paid on behalf of partner (see instructions) |             |  |
| Last name   |  |                               |                  | %               |  | . 0 0       |  |
| First name and middle initial                                   |  |                               | •                | 70              |  | , , , , , , |  |
| Mailing address (number and street or PO box; see instructions) | Apartment number                         | City, village, or post office | ce               |                 | State  | ZIP code    |  |
| Last name   |  |                               |                  | %               |  | .00         |  |
| First name and middle initial                                   |  |                               | •                | 70              |  | . 0 0       |  |
| Mailing address (number and street or PO box; see instructions) | Apartment number                         | City, village, or post office | ce               |                 | State  | ZIP code    |  |
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| Mailing address (number and street or PO box; see instructions) | Apartment number                         | City, village, or post office | ce               |                 | State  | ZIP code    |  |
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| Legal name | Employer identification number | Page _ | of |  |
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| A<br>Name and<br>address of partner                             | B<br>Partner's<br>social security number |                        | C Partner's percentage of ownership (see instructions) |    | D Amount of estimated MCTMT paid on behalf of partner (see instructions) |       |          |
|---|--|------------------------|--|----|--|-------|----------|
| Last name   |  |                        |  | %  |  |       | .00      |
| First name and middle initial                                   |  |                        | •  | 70 |  |       | . 0 0    |
| Mailing address (number and street or PO box; see instructions) | Apartment number                         | City, village, or post | office   |    |  | State | ZIP code |
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| First name and middle initial                                   |  |                        | •  | 70 |  |       | . 0 0    |
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| Last name   |  |                        |  | %  |  |       | . 0 0    |
| First name and middle initial                                   |  |                        | •  | /0 |  |       | . 0 0    |
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| First name and middle initial                                   |  |                        | •  | /0 |  |       | . 0 0    |
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| First name and middle initial                                   |  |                        | •  | 70 |  |       | . 0 0    |
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