

(b)

CT-186-P/M

New York State Department of Taxation and Finance

For calendar year **1987**

Metropolitan Transportation Business Tax Surcharge Report

All corporations required to file Form CT-186-P must complete this form.

ATTACH MAILING LABEL HERE → If there have been any changes in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete the enclosed, Form DTF-95 . If no form is enclosed, call 1-800-462-8100 (from out of state, (518) 438-1073).	Employer identification number	File number	<i>For office use only</i> Date received
	Name		
	Number	Street	
	City or town	State ZIP Code	

Do you do business in the Metropolitan Commuter Transportation District (MCTD), which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

Yes No

If you answered yes, complete this form and pay the tax surcharge. If you answered no, it is not necessary to complete Schedule H or I. However, this form must be signed by an officer and returned to: **New York State Tax Department, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909**

A. Payment — pay amount shown on line 9. Make check payable to: New York State Corporation Tax	Payment enclosed \$
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Schedule H — Computation of Tax Surcharge

1. Net New York State franchise tax (from Form CT-186-P, Schedule A, line 1c)	1	
2. MCTD allocation percentage (from Schedule I, line 13)	2	
3. Allocated tax (multiply line 1 by line 2)	3	
4. Tax surcharge (multiply line 3 by 17%)	4	
5. (a) Prepayments with Form CT-5.9		\$
(b) Credit transferred from Form CT-		\$
Total prepayments	5	
6. Balance (subtract line 5 from line 4)	6	
7. Interest	7	
8. Additional charges	8	
9. Balance due (add lines 6, 7 and 8 — enter payment on line A)	9	
10. Overpayment (subtract line 4 from line 5)		
(a) Refund of overpayment	10a	
(b) Credit to New York State franchise tax Form CT-	10b	

Schedule I — Computation of MCTD allocation percentage

		A MCTD	B New York State
11. Gross New York State income (from Form CT-186-P Schedule D, line 35)	11		
12. Gross income included on line 11, which was derived from sources within the Metropolitan Commuter Transportation District	12		
13. MCTD allocation percentage (divide column A by column B, enter on Schedule H, line 2)	13		%

Certification by Taxpayer or an Elected Officer of the Corporation

I hereby certify that this report and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of preparer or name of firm	Preparer's address

Instructions

Who Must File

Utilities doing business in New York State which are subject to the supervision of the New York State Department of Public Service must file Form CT-186-P/M. This includes all taxpayers that file Form CT-186-P.

Who Must Pay the Surcharge

Every utility doing business in the Metropolitan Commuter Transportation District (MCTD) must pay a business tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

The Metropolitan Transportation Business tax surcharge applies to taxable years beginning on or after January 1, 1982, but ending before December 31, 1990. The surcharge will not be imposed upon any taxpayer for more than 96 months.

Change of Business Information

If there have been any changes in your business' name, ID number, mailing address, business address, telephone number or owner/officer information, complete the enclosed Form DTF-95, *Change of Business Information*. If no form is enclosed, call 1-800-462-8100 (from out of state (518) 438-1073) to request one.

Mail your completed Form DTF-95 to:

**New York State Tax Department
Registration Section –
Building 8, Room 409
W.A. Harriman Campus
Albany, NY 12227**

If there are no changes to your business' information, keep this Form DTF-95 in your files. In the event a change occurs, complete the form and send it to the Tax Department as soon as possible.

Tax Rate

The surcharge rate is applied to the portion of tax, after deduction of any credits, imposed by Section 186-a attributable to the taxpayer's business activity carried on within the MCTD. The tax rate for calendar year 1987 is 17%.

When and Where to File

Mail this report and any payment due to:

**New York State Tax Department
Processing Unit
P.O. Box 1909
Albany, NY 12201-1909**

on or before March 15, 1988.

Extension of Time for Filing Tax Surcharge Report

A request for an extension of time to file a tax surcharge report must be filed on Form CT-5.9 on or before the due date of the report, for the taxable period for which the extension is requested.

Requirements for a valid extension for all MTB tax surcharge reports are as follows.

- a. A separate application for extension, along with any estimated tax surcharge payments that may be due, must be filed on or before the due date of the report for the taxable period for which this extension is requested.
and
- b. The total tax surcharge payment for the period for which this extension is requested must equal or exceed 90% of the tax surcharge as finally determined.

Specific Instructions

All taxpayers who file Form CT-186-P must answer yes or no to the question preceding Schedule H. **It is essential that utilities not doing business in the Metropolitan Commuter Transportation District disclaim liability for the tax surcharge by answering "no".**

Schedule H – Computation of Tax Surcharge

- Line 1. Enter your New York State franchise tax from Form CT-186-P, Schedule A, line 1c.
- Line 2. Enter your MCTD allocation percentage from Schedule I, line 13.
- Line 5a. Enter any payment made with Form CT-5.9, *Application for Three-Month Extension*.
- Line 5b. You can apply an overpayment of franchise tax made on Form CT-186-P. Enter on this line the form number, period in which the overpayment occurred (month and year) and amount to be applied. On the overpayment line of Form CT-186-P, indicate the amount of money to be applied to the MTB tax surcharge.
- Line 7. If you do not pay the tax on or before the due date (without regard to any extension of time) you must pay interest on the amount of the underpayment from the due date to the date paid. Determine the interest rate in accordance with Part 603 of the Tax Regulations.
- Line 8. Additional charges for late filing are computed on the amount of tax less any payment made on or before the prescribed due date.
- a. If a return is not filed when due or if the application for extension is invalid, add to the tax 5% per month up to 25% (Section 1085(a)(1)(A)).
 - b. If a return is not filed within 60 days of the prescribed due date, the addition to tax cannot be less than the smaller of \$100 or 100% of the amount required to be shown as tax (Section 1085(a)(1)(B)).
 - c. In case of failure to pay the tax shown on a return, add to the tax, ½% per month up to 25% (Section 1085(a)(2)).
 - d. The total of the additional charges in a and c may not exceed 5% for any one month, except as provided for in b above (Section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment (Section 1085).

Schedule I – Computation of MCTD Allocation Percentage

Determine your MCTD allocation percentage by dividing your gross income from all sources in the MCTD (line 12) by your income from all sources in New York State (line 11).

- If you do all of your New York State business within the 12 counties of the MCTD, enter 100% on line 13 and on line 2 Schedule H.
- If you do part of your business outside of the MCTD compute your MCTD allocation percentage by completing this schedule.