

Employer identification number

Legal name of corporation

# CT-186-P/M New York State Department of Taxation and Finance Utility Services MTA Surcharge Return

	x Law –	Article 9, Section 18		For calendar year 2000
		File number	Check box if overpayment claimed	For office use only
		Trade name / DBA		
				Date received
ss			State or country of incorporation	
			Date of incorporation	
	State	ZIP code	Foreign corporations: date began	

<b>a</b>						Date rece	eived		
Mailing name	Mailing name (if different from legal name) and address			State or count	ry of incorporation				
5 D	c/o			Date of incorp	auntin a				
<u> </u>	Number and street or PO box								
Mai									
	City State	ZIP code		business in NY	ations: date began				
If you	name, employer identification number, address, or owner/officer information has chan	aed vou must	Business tele	phone number					
file Fo	m DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the teleptince numbers. See the <i>Need help?</i> section of the form or instructions.		( )						
	do business in the Metropolitan Commuter Transportation District	*t (MCTD) (tl	ne counties	of New York	Rrony Kings	Oueen	s Richmond D	utchass	
	au, Orange, Putnam, Rockland, Suffolk, and Westchester) you m								
discla	im liability for the MTA surcharge on Form CT-186-P. See instruc	tions for Wh	o must file.				-		
Α.	Payment — pay amount shown on line 15. Make check pa	yable to: <b>\</b>	lew York S	State Corp	oration Tax		Payment end	losed	
	···Attach your payment here.			•					
Con	putation of MTA surcharge								
1	Gross income on Form CT-186-P, line 23, derived from s	sources wit	hin the MC	CTD		1			
2	MTA surcharge rate (.025 x .17 = .00425)	2		.004	25				
3	MTA surcharge (multiply line 1 by line 2)					3			
4	Gross income on Form CT-186-P, lines 20, 30, 33, and 4								
5	MTA surcharge rate (.021 x .17 = .00357)							.003	<u>57</u>
6	MTA surcharge (multiply line 4 by line 5)								_
7	Total MTA surcharge (add line 3 and line 6)					7			
_	First installment of estimated MTA surcharge for the nex	•					_		_
8a	If you filed a request for extension, enter amount from Fo								
8b	If you did not file Form CT-5.9, see instructions				_				
9	Total (add line 7 and line 8a or 8b)								
10	Total prepayments (from line 26)				_				
11 12	Balance (if line 10 is less than line 9, subtract line 10 from line Penalty for underpayment of estimated MTA surcharge (i		•		_				
13	Interest on late payment (see instructions)								
14	Late filing and late payment penalties (see instructions)				_				
15	Balance due (add lines 11 through 14; enter payment on line a								
16									
17									
18									
19									
Con	position of prepayments claimed on line 10				Date paid		Amo	ount	
20	Mandatory first installment				20				<u></u>
21a	Second installment								<u> </u>
	Third installment								_
	Fourth installment				_				
22	Payment with extension request (from Form CT-5.9, line 10	23			_				
23									_
24									
25									_
26	Total (add lines 24 and 25; enter here and on line 10)								
	fication. I certify that this return and any attachments are	to the best			d belief true,	correct	•	e.	
Signa	ture of elected officer or authorized person		Official tit	ie			Date		
-	Firm's page (or valve if outt			10 .			Data		_
arer Iy	Firm's name (or yours if self-employed)			ID numb	bei		Date		
prep e on	Address			Signatu	re of individual p	enaring #	nis return		_
Paid preparer use only	, tadioss			Signatu	io oi iriuividuai pi	opanny li	no retuill		

# Instructions

#### Who must file

A taxpayer filing Form CT-186-P, who does business in the Metropolitan Commuter Transportation District (MCTD), must also file Form CT-186-P/M and pay a metropolitan transportation business tax surcharge on business done in the Metropolitan Transportation Authority region (MTA surcharge). The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

Note: If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, Telecommunications Tax Return and Utility Services Tax Return.

#### When and where to file

This return is due on March 15, following the close of the tax year. If March 15 falls on a Saturday, Sunday, or legal holiday, the return is due on the next business day.

Mail return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038.

If you are using a private delivery service, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.

## Extension of time for filing MTA surcharge return

You may request additional time to file an MTA surcharge return. File Form CT-5.9, Request for Three-Month Extension to File, on or before the due date of the return for which you are requesting the extension. and pay the MTA surcharge you estimate to be due.

#### Amended return

If you are filing an amended return, please write Amended return across the top.

# Employer identification number, file number, and other identifying information

For us to process your corporation tax return, it is important that we have the necessary identifying information from your preprinted label. Keep a record of the label information for future use. Please be certain to include your employer identification number and file number on each corporation tax return mailed.

If you use a paid preparer or accounting firm, make sure they use the mailing label or label information when completing all forms prepared for you.

# Specific instructions

See instructions for Form CT-186-P-I for information on reporting change of business information, using whole dollar amounts, converting decimals into percentages, and showing negative amounts.

Line A — Make your payment in United States funds. We will accept a foreign check or foreign money order only if payable through a United States bank or if marked Payable in U.S. funds.

#### Computation of MTA surcharge

MTA surcharge — For a utility supervised by the Department of Public Service (when the utility is not a provider of telecommunication services) the MTA surcharge on Form CT-186-P/M for the tax year January 1, 2000, through December 31, 2000, is computed using the 2.5% and 2.1% tax rates on gross income. The MTA surcharge is no longer computed as if the tax rate on gross income was 3.5%

Line 1 — Enter the amount of receipts shown on Form CT-186-P, line 23, that are derived from sources within the MCTD. Use the same method of accounting to compute MCTD gross income (that is, the accounting rule allocation method or the formula rule allocation method) as was used to compute New York State gross income. Make no deduction for the Power for Jobs tax credit.

Line 2 — The MTA surcharge rate of .425% (.00425) is obtained by multiplying the tax rate of 2.5% by the MTA surcharge rate of 17%.

Line 4 — Enter the total amount of receipts shown on Form CT-186-P. lines 20, 30, 33, and 40, that are derived from sources within the MCTD. Use the same method of accounting to compute MCTD gross income (that is, the accounting rule allocation method or the formula rule allocation method) as was used to compute New York State gross income. Make no deduction for the Power for Jobs tax credit.

Line 5 — The MTA surcharge rate of .357% (.00357) is obtained by multiplying the tax rate of 2.1% by the MTA surcharge rate of 17%.

### First installment of estimated MTA surcharge for next period

If on Form CT-186-P you are required to make a first installment of estimated tax for the next period, you must also make a first installment of the MTA surcharge for the next period.

Line 8b — Enter 25% of the amount on line 7 if you did not file Form CT-5.9, and the tax on Form CT-186-P, line 3, is more than \$1,000.

Enter "0" if you did not file Form CT-5.9 and the tax on Form CT-186-P. line 3, is \$1,000 or less.

Line 12 — If you underpaid your estimated MTA surcharge, use Form CT-222, Underpayment of Estimated Tax by a Corporation, to compute the penalty. Attach Form CT-222, check the box, and enter the penalty on line 12. If no penalty is due, enter "0" on line 12.

Line 13 — If you do not pay the MTA surcharge on or before the original due date (without regard to any extension of time for filing), you must pay interest on the amount of the underpayment from the original due date to the date paid. Exclude from the interest computation any amount shown on line 8a or 8b, first installment of estimated MTA surcharge for the next period.

Line 14 — Late filing and late payment penalties are computed on the amount of MTA surcharge minus any payment made on or before the due date (with regard to any extension of time for filing). Exclude from the penalty computation any amount shown on line 8a or 8b, first installment of estimated MTA surcharge for the next period.

See instructions on Form CT-186-P-I for information on computing late filing and late payment penalties.

Line 16 — If line 9 is less than line 10, subtract line 9 from line 10. This is the amount of overpayment. You may divide it on lines 17, 18, and 19 in any way you choose.

#### Line 19 — Collection of debts from your refund

See instructions on Form CT-186-P-I for information on collection of debts from your refund.



# Need help?

**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time). Monday through Friday.

Tax information: 1 800 972-1233

Forms and publications: 1 800 462-8100

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.