

CT-186-A/M

New York State Department of Taxation and Finance

Utility Services MTA Surcharge Tax Law — Article 9, Section 186-c

•	Return	

						For calen		2003	
	mployer identification number File number Business telephone number					If you claim an overpayment,			
			()			check			
	Legal name of corporation			1	Frade name/DBA				
	ailing name (if different from legal name above)				State or country of incorporation Date received (for Tax Department use only)				
	c/o						,	,	,,
	Number and street or PO box				Date of incorporation	on			
	City	State	ZIP code	F	Foreign corporations ousiness in NYS	: date began			
					Judinicus III IVI C				
	If your name, employer identification number, address, or Form DTF-96. You can get these forms by fax, phone, or fr	om our Web site	. See the Need	d help? section	of the instructio	ns.		3 /, ,	
f you Orang Metrop	do business in the Metropolitan Commuter Transportaties, Putnam, Rockland, Suffolk, and Westchester), you molitan Transportation Authority (MTA) surcharge on Fol	on District (MC nust complete the rm CT-186-A.	TD) (the cour his form. If no	nties of New` t, you do not	York, Bronx, Kin need to file this	ngs, Queens, Ric s form. However,	chmond, Di you must	utchess, Nassau, disclaim liability for	r the
Atter	ntion: If you are a telephone or telegraph company ess, do not file this form. Instead, file Form CT-186-	or other provid	ler of telecor	nmunication	services, ever	n if those servic	es are not	your primary	
	ayment — pay amount shown on line 14. Mak ttach your payment here.	e check paya	able to: <i>Nev</i>	v York Stat	e Corporation	on Tax	Pay	ment enclosed	
Com	putation of MTA surcharge								
	Gross operating income on Form CT-186-A, line					· -	1.		\perp
2	Gross operating income on Form CT-186-A, I	ine 21					2.		
	MCTD allocation percentage (divide line 1 by li	,				<u> </u>	3.		%
4	Net tax on Form CT-186-A, line 3						4.		
	Allocated tax (multiply line 3 by line 4)						5.		
6	MTA surcharge (multiply line 5 by 17% (.17))						6.		
	First installment of estimated MTA surcharge								
	If you filed a request for extension, enter amo								
7b	If you did not file Form CT-5.9, see instruction					_	b		
8	Total (add line 6 and line 7a or 7b)						8.		
9	Total prepayments from line 25						9.		
10	Balance (if line 9 is less than line 8, subtract line	9 from line 8)				<u>1</u>	0.		
11	Penalty for underpayment of estimated MTA surcha	•				′ -			
	Interest on late payment (see instructions)					_			
13	Late filing and late payment penalties (see ins	structions)				<u>1</u>	3.		
14	Balance due (add lines 10 through 13; enter payr	ment on line A	above)			<u>1</u>	4.		
	Overpayment (if line 8 is less than line 9, subtract								
16	Amount of overpayment to be credited to Nev	v York State t	tax			<u>1</u>	6.		
	Amount of overpayment to be credited to MT/								
	Amount of overpayment to be refunded (subtr			ne 15)					
	position of prepayments claimed on lir					Date paid		Amount	
	Mandatory first installment								
20a	Second installment from Form CT-400				20a.				
	Third installment from Form CT-400								
	Fourth installment from Form CT-400								
	Payment with extension request, from Form 0								
22	Overpayment credited from prior years					2	2.		
23	Add lines 19 through 22	D. C. A					3.		
24	Overpayment credited from Form CT-186-A	Period				_2			
25	Total prepayments (add lines 23 and 24; enter he	ere and on line							
	fication. I certify that this return and any attac	hments are t	to the best	1	ledge and be	elief true, corr		complete.	
Signa	ture of authorized person			Official title			Date		
	ছু Firm's name (or yours if self-employed)			<u> </u>	ID number		Date		
	orepa a ority				0:	P. 1. 1			
	Firm's name (or yours if self-employed) Address				Signature of inc	dividual preparing	ınıs return		

Instructions

Who must file

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

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

Do not staple your Form CT-186-A/M to Form CT-186-A.

Private delivery services — Please see the instructions for Form CT-186-A for information about designated private delivery services.

Extension of time for filing

You may request additional time to file Form CT-186-A/M. To do this, file Form CT-5.9, *Request for Three-Month Extension to File*, on or before the due date of the return for which the extension is requested, and pay the MTA surcharge you estimate to be due.

Employer identification number, file number, and other identifying information — For us to process your corporation tax forms, it is important that we have the necessary identifying information. You will find your employer identification number and file number just above your corporation name and address on the forms mailed to you. Keep a record of that information and include it on each corporation tax form mailed.

If you use a paid preparer or accounting firm, make sure they use your complete and accurate identifying information when completing all forms.

Amended return — If you are filing an amended return, please check the *Amended return* box on the front page of the return.

Whole dollar amounts — You may elect to show amounts in whole dollars rather than in dollars and cents. Round any amount from 50 cents through 99 cents to the next higher dollar. Round any amount less than 50 cents to the next lower dollar.

Negative amounts — Show any negative amounts in parentheses.

Percentages — When computing allocation percentages, convert decimals into percentages by moving the decimal point two spaces to the right. Carry percentages to four decimal places. For example: 5,000/7,500 = 0.6666666 = 66.6667%.

Line instructions

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

Line 1 — Enter your gross operating income from sources within the MCTD. Use the same method of accounting to compute MCTD gross operating income (that is, the **accounting** rule allocation method or the **formula** rule allocation method) as you used to compute your New York State gross operating income.

Foreign authorized corporations only — See Form CT-186-A-I, *Instructions for Form CT-186-A*, page 2, *Foreign corporations* — *maintenance fee.*

First installment of estimated MTA surcharge for the next period (line 7b)

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

Line 7b — If you did not file Form CT-5.9, and the tax on Form CT-186-A, line 3, is more than \$1,000 but not more than \$100,000, enter 25% of the amount on line 6.

If you did not file Form CT-5.9, and the tax on Form CT-186-A, line 3, is \$100,000 or more, enter 30% of the amount on line 6.

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

Line 11 — 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 11. If no penalty is due, enter "0" on line 11.

Line 12 — 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 any amount shown on line 7a or 7b.

Line 13 — Compute late filing and late payment penalties on the amount of the MTA surcharge minus any payment made on or before the due date (**with** regard to any extension of time for filing). Exclude any amount shown on line 7a or 7b.

- A. If you do not file a return when due or if the request for extension is invalid, add to the MTA surcharge 5% per month up to 25% (section 1085(a)(1)(A)).
- B. If you do not file a return within 60 days of the due date, the addition to the MTA surcharge in item A above cannot be less than the smaller of \$100 or 100% of the amount required to be shown as MTA surcharge (section 1085(a)(1)(B)).
- C. If you do not pay the MTA surcharge shown on a return, add to the MTA surcharge ½% per month, up to 25% (section 1085(a)(2)).
- D. The total of the additional charges in items A and C may not exceed 5% for any one month, except as provided for in item 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, payment, or both (section 1085).

Note: If you wish, you may compute the interest and penalty by accessing our Web site at

www3.tax.state.ny.us/PAIC/PAICHomeServlet or you may call 1 800 972-1233, and we will compute the interest and penalty for you.

Line 15 — If line 8 is less than line 9, subtract line 8 from line 9. This is the amount of overpayment. You may divide it on lines 16, 17, and 18 in any way you choose.

Line 18 Collection of debts from your refund — We will keep all or part of your refund if you owe a past-due legally enforceable debt to the Internal Revenue Service (IRS) or to a New York State agency. This includes any state department, board, bureau, division, commission, committee, public authority, public benefit corporation, council, office, or other entity performing a governmental or proprietary function for the state or a social services district. We will refund any amount over your debt.

If you have any questions about whether you owe a past-due legally enforceable debt to the IRS or to a state agency, contact the IRS or that particular state agency.

For New York State tax liabilities **only**, call 1 800 835-3554 (outside the U.S. and outside Canada call (518) 485-6800) or write to NYS Tax Department, Tax Compliance Division, W A Harriman Campus, Albany NY 12227.

Composition of prepayments claimed on line 9 — If additional space is necessary, enter *see attached* in this section, and attach all relevant prepayment information. Transfer the total to line 25, *Total prepayments*.

Need help?

www

Internet access: www.nystax.gov (for information, forms, and publications)

Fax-on-demand forms: 1 800 748-3676

Business Tax Information Center: From areas outside the U.S. and outside Canada:

1 800 972-1233 (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110