For office u	se only
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Department of Taxation and Finance

Authorized Combative Sports Tax Return

M	T-	1	6	0
			(12)	24)

				6					((12/24)
				Mark an X in all of	the appropriate b	oxes that apply:				
				Ticket sales		sting rights al streaming	Final return		Amended return	
Rea	ad Form M	T-16	60-I, Instruction	s for Form MT-160, b	efore completing	this return.				
	nt reference				sparring, or wres					
Date	e of event (m	m-dd	'-yy)							
				U Other co	mbative sports e	event (including m	ixed martial arts [MMA	.])	
Em	ployer identif	icatio	n number (EIN) or	Social Security number (SS	N) of promoter	Promoter's State Athletic	c Commission license nui	mber		
Nar	me of promot	er				Location of event (name	9)			
Mai	iling address	of pro	omoter (number an	d street or PO Box)		Street address of event				
City	,			State	ZIP code	City			State ZIP code	
City	<i>'</i>			Glate	Zii code	Oity			State Zii code	
Tele	ephone numb	er				Promoter's email addres	SS			
	A Cost of ticket	to	B Number of	C Number of tickets	D Number of	E Total number of	F Total number of		G Receipts from tickets	sold
	purchaser		tickets printed		complimentary	tickets not	tickets subject to		(column A × column	
١,	se separate l each ticket p				tickets issued (see instructions)	subject to tax (column C + column D)	state tax (column B - column	F)		
					(000	(**************************************	(00.0			
Tot	tal receipts	s froi	m tickets sold f	rom additional sheets	. if anv					
				le of tickets (total of co				1		
2 a	For a box	king,	sparring, or w	restling event, multiply	y line 1 by 3% (0.	03) and enter result	. Do not enter more			
								2a		
	-		= = = = = = = = = = = = = = = = = = = =	ort event (including M	,	• • •		2b		
		-		adcast rights <i>(see insti</i> circuit broadcast right				4		
				picture, rebroadcast,	•	,		-		
·					-			5		
6			,	oadcasting rights (add				6		
7	Gross re	ceipt	ts from digital s	treaming over the inte	ernet. Enter 0 for	boxing, sparring, or	wrestling event			
	(see instructions and attach statement)					7				
8	8 Total gross receipts from broadcasting rights and digital streaming (add lines 6 and 7)					8				
9	9 Multiply line 8 by 3% (0.03). Do not enter more than \$50,000 (see instructions)					9				
	10 Total tax (add lines 2a or 2b and 9)					10				
11 12				ate payment <i>(see instr</i>				12		
			-)				13		
				event, if any <i>(see instru</i>				14		
	Balance	due	(if line 14 is less	than line 13, subtract lin	e 14 from line 13);	this is the amount y	ou owe			
								15		
16	Overpayı	ment	t (if line 14 is mo	re than line 13, subtract	line 13 from line 14); this is the amount	to be refunded	_		

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Third – party designee (see instructions) Yes No Designee's name (print) Designee's email address				(Designee	e's phon) PIN	e number	
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		Official title	;			
	Email address of authorized person		Telephone number ()			Date		
Paid	Firm's name (or yours if self-employed)	Fi	Firm's EIN		Prepare	reparer's PTIN or SSN		
preparer use only (see instr.)	Signature of individual preparing this return	Address	Ci	ity	Sta	ite	ZIP code	
	Email address of individual preparing this return	Pre	eparer's NYTPRIN	or Exc	l. code	Date		

See instructions for where to file.