



CT-184-M

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New York State Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Amended return

Tax Law — Article 9, Section 184-a

For calendar year 2005

Employer identification number	File number	Business telephone number ()		If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box		Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS	
If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the <i>Need help?</i> section of the instructions.				Audit (for Tax Department use only)

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184.

A. Pay amount shown on line 12. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A.

Computation of MTA surcharge

1	New York State franchise tax (from line g on the Worksheet for Line 1 in the instructions)	1.		
2	MCTD allocation percentage from line 18, 20, or 24, whichever is applicable.....	2.		%
3	Allocated tax (multiply line 1 by line 2)	3.		
4	MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions)	4.		
First installment of estimated tax for next tax period:				
5a	If you filed a request for extension, enter amount from Form CT-5.9, line 7	5a.		
5b	If you did not file Form CT-5.9, see instructions	5b.		
6	Add lines 4 and 5a or 5b	6.		
7	Total prepayments (from line 31)	7.		
8	Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8.		
9	Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached.) <input type="checkbox"/>	9.		
10	Interest on late payment (see instructions)	10.		
11	Late filing and late payment penalties (see instructions)	11.		
12	Balance due (add lines 8 through 11; enter payment here and on line A above)	12.		
13	Overpayment (if line 6 is less than line 7, subtract line 6 from line 7)	13.		
14	Amount of overpayment to be credited to New York State franchise tax.....	14.		
15	Amount of overpayment to be credited to MTA surcharge for next tax period	15.		
16	Amount of overpayment to be refunded (subtract lines 14 and 15 from line 13).....	16.		

Third - party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN)

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

Signature of authorized person		Official title		Date	
Paid preparer use only	Signature of individual preparing this return		Firm's name (or yours if self-employed)		
	Address	City	State	ZIP code	ID number
				Date	

Mail your return by March 15, 2006, to:

**NYS CORPORATION TAX
PROCESSING UNIT
PO BOX 22038
ALBANY NY 12201-2038**

Schedule A — Computation of MCTD allocation percentage — Section 184-a (use 2005 figures)

Part I — MCTD allocation — Section 184-a — General transportation or transmission corporations		A MCTD	B New York State
17	General transportation corporations: enter revenue miles or miles of transportation. Cable television operators: enter gross receipts (see instructions)	17.	
18	MCTD allocation percentage (divide line 17, column A, by line 17, column B; enter here and on line 2)	18.	%
Part II — MCTD allocation for corporations operating vessels in MCTD territorial waters — Section 184-a		A MCTD territorial waters	B NYS territorial waters
19	Aggregate number of working days	19.	
20	MCTD allocation percentage (divide line 19, column A, by line 19, column B; enter here and on line 2)	20.	%
Part III — MCTD allocation for telegraph corporations and local telephone corporations only — Section 184-a		A MCTD	B New York State
21	Gross operating revenue from telegraph services (see instructions)	21.	
22	Gross operating revenue from local telephone services (see instructions)	22.	
23	Total gross operating revenue from telegraph services and local telephone services (add lines 21 and 22, column A and column B)	23.	
24	MCTD allocation percentage (divide line 23, column A, by line 23, column B; enter here and on line 2)	24.	%

Composition of prepayments claimed on line 7 (see instructions)

		Date paid	Amount
25	Mandatory first installment	25.	
26a	Second installment from Form CT-400	26a.	
26b	Third installment from Form CT-400	26b.	
26c	Fourth installment from Form CT-400	26c.	
27	Payment with extension request, from Form CT-5.9, line 10.....	27.	
28	Overpayment credited from prior year	28.	
29	Add lines 25 through 28	29.	
30	Overpayment transferred from Form CT-184 <input type="text" value="Period"/>	30.	
31	Total prepayments (add lines 29 and 30; enter here and on line 7)	31.	