



CT-183-M

Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Tax Law – Article 9, Section 183-a

Amended return

For calendar year 2018

| | | | | |
|--|-------------|--|---|--|
| Employer identification number (EIN) | 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) | | State or country of incorporation | Date received (for Tax Department use only) | |
| c/o | | Date of incorporation | | |
| Number and street or PO box | | Foreign corporations: date began business in NYS | | |
| City | State | ZIP code | | |
| If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | | | | Audit (for Tax Department use only) |

File this form if you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) (see instructions). If not, you need not file this form, but you must disclaim liability for the MTA surcharge on Form CT-183.

| | |
|---|------------------|
| A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax | Payment enclosed |
| Attach your payment here. Detach all check stubs. (See instructions for details.) | A |

Computation of MTA surcharge

| | | | |
|----|---|----|---|
| 1 | New York State franchise tax (from 2017 Form CT-183, line 6) | 1 | |
| 2 | MCTD allocation percentage (from line 23 or 25) | 2 | % |
| 3 | Allocated tax (multiply line 1 by line 2) | 3 | |
| 4 | MTA surcharge (multiply line 3 by 17% (.17)) | 4 | |
| 5 | Prepayments with Form CT-5.9, line 10 | 5 | |
| 6 | Overpayment (see instructions) <input type="text" value="Period"/> | 6 | |
| 7 | Total prepayments (add lines 5 and 6) | 7 | |
| 8 | Balance (if line 7 is less than line 4, subtract line 7 from line 4) | 8 | |
| 9 | Interest on late payment (see instructions) | 9 | |
| 10 | Additional late charges (see instructions) | 10 | |
| 11 | Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above) | 11 | |
| 12 | Overpayment (if line 4 is less than line 7, subtract line 4 from line 7; see instructions) | 12 | |
| 13 | Amount of overpayment to be credited to New York State franchise tax (see instructions) | 13 | |
| 14 | Amount of overpayment to be credited to MTA surcharge for next period (see instructions) | 14 | |
| 15 | Amount of overpayment refunded (subtract lines 13 and 14 from line 12; see instructions) | 15 | |

Schedule A – Computation of MCTD allocation percentage (see instructions)

| Part 1 – General transportation and transmission corporations (see instructions) | A MCTD | B New York State |
|---|--|---------------------|
| 16 | Accounts receivable | 16 |
| 17 | Shares of stock of other companies owned (attach list showing corporate name, shares held, and actual value) | 17 |
| 18 | Bonds, loans, and other securities, except U.S. obligations | 18 |
| 19 | Leaseholds | 19 |
| 20 | Real estate owned | 20 |
| 21 | All other assets (except cash and investments in U.S. obligations) | 21 |
| 22 | Total (add lines 16 through 21) | 22 |
| 23 | MCTD allocation percentage (divide line 22, column A, by line 22, column B; enter here and on line 2) | 23 |

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Part 2 – Corporations operating vessels in MCTD territorial waters
(see instructions)

| | A | B |
|---|-------------------------|-----------------------------------|
| | MCTD territorial waters | New York State territorial waters |
| 24 Aggregate number of working days..... | | |
| 25 MCTD allocation percentage (divide line 24, column A, by line 24, column B; enter here and on line 2) | % | |

| | | | |
|--|--|--------------------------------|--------------------------------|
| Third – party designee <i>(see instructions)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name <i>(print)</i> | Designee's phone number () |
| | Designee's e-mail address | | PIN |

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 | |
| | E-mail address of authorized person | Telephone number () | Date | |
| Paid preparer use only <i>(see instr.)</i> | Firm's name <i>(or yours if self-employed)</i> | | Firm's EIN | Preparer's PTIN or SSN |
| | Signature of individual preparing this return | Address | City | State ZIP code |
| | E-mail address of individual preparing this return | Preparer's NYTPRIN | or | Excl. code Date |

See instructions for where to file.

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