



# CT-183-M

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New York State Department of Taxation and Finance

## Transportation and Transmission Corporation MTA Surcharge Return

Tax Law — Article 9, Section 183-a

Amended return

For calendar year 2008

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)		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	Audit (for Tax Department use only)	

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 *Need help?* in the instructions.

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.

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

### Computation of MTA surcharge

1	New York State franchise tax (from 2007 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); foreign authorized corporations see instructions)	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)	12.		
13	Amount of overpayment to be credited to New York State franchise tax	13.		
14	Amount of overpayment to be credited to MTA surcharge for next period	14.		
15	Amount of overpayment refunded (subtract lines 13 and 14 from line 12)	15.		

### Schedule A — Computation of MCTD allocation percentage (see instructions)

Part 1 — General transportation and transmission corporations		A	B
		MCTD	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.	%

<b>Part 2 — Corporations operating vessels in MCTD territorial waters</b>		<b>A</b> MCTD territorial waters	<b>B</b> New York State territorial waters
<b>24</b> Aggregate number of working days.....	<b>24.</b>		
<b>25</b> MCTD allocation percentage (divide line 24, column A, by line 24, column B; enter here and on line 2) .....	<b>25.</b>	%	

<b>Third – party designee</b> <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.

<b>Authorized person</b>	Signature of authorized person		Official title		
	E-mail address of authorized person			Date	
<b>Paid preparer use only</b>	Firm's name <i>(or yours if self-employed)</i>			ID number	
	Signature of individual preparing this return		Address	City	State ZIP code
	E-mail address of individual preparing this return				Date

See instructions for where to file.