

New York State Department of Taxation and Finance

2008	CT-186	5-M
A.	Amended return	

Utility Corporation MTA Surcharge Return For continuing section 186 taxpayers only (certain independent power producers) Tax Law – Article 9, Section 186-b For calendar year 2008

E	mployer identification number	File number	Principal busin	ess activity		If you clai overpaym an X in th	nent, mark	
	egal name of corporation		·		Trade name/DBA			
١	Aailing name (if different from legal name above) and address				State or country of incorporation	Date recei	ived (for Tax Department u	se only)
	:/o							
1	lumber and street or PO box				Date of incorporation			
(Sity	State	ZIP code		Foreign corporations: date began business in NYS	_		
	f your name, employer identification number, address, ile Form DTF-96. You can get these forms from our We					only your ac	ldress has changed, yo	ou may
A.	Pay amount shown on line 16. Make paya	ble to: New Yo	ork State Co	orporati	on Tax	A	Payment enclosed	
-	Attach your payment here. Detach all che					<u></u>		
	nputation of Metropolitan Commute	r Transporta	ation Distri	Ct	A		В	
•	TD) allocation percentage			-	MCTD		New York State	
1	Gross earnings from operating revenue.			1.		_		
2	Gross earnings from interest and dividen			2.		_		
3	Gross earnings from other revenues			3.		-		
4	Total (see instructions)			4.		-		
5	MCTD allocation percentage (divide line 4	, column A, by l	ine 4, column	В)		5.		%
	nputation of MTA surcharge	OT 100 /						
6	Net New York State franchise tax (from Fo					6.		
7	Allocated tax (multiply line 6 by line 5)					7.		
8	Metropolitan transportation business	•			• • •			
	foreign corporations, see instructions)					8.		
9a	First installment of estimated MTA sur	-	-		line 7			
9b								
9D 10	3							
11								
12	Balance (if line 11 is less than line 10, subtra							
13	Estimated tax penalty (see instructions; ma							
14								
	Interest on late payment (see instructions)							
15	Late filing and late payment penalties (se							
16	Balance due (add lines 12 through 15 and e							
17	Overpayment (if line 10 is less than line 11,							
18	Amount of overpayment to be credited to							
19	Amount of overpayment to be credited to		ge for next p	erioa		19. 20		
20	Amount of overpayment to be refunded					20.		1

Composition of prepayments claimed on line 11 (see instructions)			Date paid	d	Amount
21	Mandatory first installment	21.			
22a Second installment from Form CT-400					
22b Third installment from Form CT-400					
22c	22c Fourth installment from Form CT-400				
23 Payment with extension request (from Form CT-5.9, line 10)					
24	Overpayment credited from prior years			24.	
25	Add lines 21 through 24			25.	
26	Overpayment credited from Form CT-186				
27	Total prepayments (add lines 25 and 26; enter here and on line 11)				

Third – pa		Yes No			Designee (e's phon)	e number		
designe (see instructi		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		Signature of authorized person		Official title					
		E-mail address of authorized person		Date					
Paid	Firm'	s name (or yours if self-employed)	vours if self-employed) ID number						
preparer Sign		ature of individual preparing this return	Address	City	Sta	ate	ZIP code		
only	E-ma	E-mail address of individual preparing this return							
Paid preparer use only	Signa E-ma	ature of individual preparing this return	Address	City			ZIP code		

See instructions for where to file.