



# CT-183-M

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 2009

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		
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at <a href="http://www.nystax.gov">www.nystax.gov</a> and look for the change my address option. Otherwise, see <i>Business information</i> in your franchise tax return instructions.				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.

<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 2008 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.	%

**Part 2 – Corporations operating vessels in MCTD territorial waters**

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

<b>Third – party designee</b> <small>(see instructions)</small>	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.