New York State Department of Taxation and Finance

Metropolitan Commuter Transportation Mobility Tax Return

For Self-Employed Individuals (including partners)

MTA-6

2009

For the full year January 1, 2009, through December 31, 2009, or fiscal year beginning ... 0 9
and ending ...

For help completing your return, see instructions, Form MTA-6-I.

Your first name and middle initial	Your last name		Your social security number
Mailing address *(number and street or rural route)*	Apartment no.	Mark an ***X*** if address change ☐	**Amended return** ..... ☐
City, village, or post office	State	ZIP code	

Enter your 2-digit **special condition code if applicable** *(see instructions)* ..... ☐

If applicable, also enter your **second** 2-digit special condition code ..... ☐

1 Net earnings from self-employment allocated to the metropolitan commuter transportation district (MCTD) *(see instructions)* ..... 1. .

2 Metropolitan commuter transportation mobility tax (MCTMT) *(multiply line 1 by .34% (.0034))* ..... 2. .

3 Total estimated MCTMT payments/payments with Form MTA-7 *(see instructions)* ..... 3. .

4 MCTMT **amount due** *(if line 2 is **more than** line 3, subtract line 3 from line 2; pay this amount)* ..... 4. .

5 Estimated tax penalty *(include this amount in line 4 or reduce the overpayment on line 6; see instructions)* ..... 5. .

6 MCTMT **overpaid** *(if line 2 is **less than** line 3, subtract line 2 from line 3; enter here and mark an **X** in box 7a or 7b)* ..... 6. .

7a. Refund ☐ **or** **7b.** Credit to your 2010 estimated MCTMT ☐

Third-party designee? *(see instr.)* **Yes** ☐ **No** ☐	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ **Paid preparer must complete** *(see instructions)* ▼		▼ **Taxpayer must sign here** ▼	
Preparer's signature ▶	▼ SSN or PTIN:	Your signature ▶	
Firm's name *(or yours, if self-employed)*	● Employer identification number	Your occupation ●	
Address	Mark an ***X*** if self-employed ☐ / Date	Date	▼ Daytime phone number
E-mail:		E-mail:	

Make your check or money order payable to ***Commissioner of Taxation and Finance.***

Mail to: **MCTMT PROCESSING CENTER, PO BOX 4135, BINGHAMTON NY 13902-4135**

For information about private delivery services, see instructions.

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