



# Metropolitan Commuter Transportation Mobility Tax Group Return for Partners

# MTA-505

For calendar year 2009 or fiscal year beginning  and ending

<b>Print or type</b>	<b>Read the instructions, Form MTA-505-I, before completing this return.</b>		
	Legal name of partnership		
	Trade name of business if different from legal name above		
	Address (number and street or rural route)		
	City, village, or post office	State	ZIP code

▼ Special MCTMT identification number

▼ Employer identification number

Amended return .....

**This form must be completed by a partnership that elects to file a group metropolitan commuter transportation mobility tax (MCTMT) return for partners. All requirements stated in the instructions must be met in order to file an MCTMT group return.**

Mark an **X** in the box if final return:  Enter date out of existence:

Total number of partners included in this MCTMT group return:

You must complete Form MTA-505-ATT before making any entries on lines 1 through 5 below (see instructions).

**Attach Form MTA-505-ATT to the back of this return.**

- 1 Net earnings from self-employment allocated to the metropolitan commuter transportation district (MCTD) (from Form MTA-505-ATT, column C) .....  **1.**  .
- 2 MCTMT (from Form MTA-505-ATT, column D) .....  **2.**  .
- 3 Estimated MCTMT paid/amount paid with Form MTA-7 (from Form MTA-505-ATT, column E) .....  **3.**  .
- 4 MCTMT balance due (if line 2 is **more than** line 3, subtract line 3 from line 2). Do not send cash; make check or money order payable to **Commissioner of Taxation and Finance**; write your special MCTMT identification number and **2009 MTA-505** on it .....  **4.**  .
- 5 Amount overpaid applied to 2010 MCTMT estimated tax (if line 2 is **less than** line 3, subtract line 2 from line 3; see instructions) .....  **5.**  .

<b>Third-party designee? (see instr.)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼	
Preparer's signature	▼ SSN or PTIN:
Firm's name (or yours, if self-employed)	● Employer identification number
Address	Mark an <b>X</b> if self-employed <input type="checkbox"/>
	Date
E-mail:	

▼ Group agent must complete and sign ▼	
Name of group agent	
Title of group agent	
Signature of group agent	
Date	▼ Daytime phone number
E-mail:	

Mail your completed return to:  
**MCTMT PROCESSING CENTER, PO BOX 4141, BINGHAMTON NY 13902-4141**