New York State Department of Taxation and Finance





Metropolitan Commuter Transportation Mobility Tax Return

For Self-Employed Individuals (including partners)

For help completing your return,	-	nuary 1, 2010, through D	ecember 31, 201	· -	peginning 1 0 and ending
Your first name and middle initial				Your social security number	
Mailing address (number and street or rural route) Apartment no. Mark an X if address change				Amended r	return
City, village, or post office		State ZIP	code		
Enter your 2-character spec i if applicable (see <i>instructions</i>)			• •	•	ond 2-character
Net earnings from self-e district (MCTD) (see in:	mployment allocated to				
2 Metropolitan commuter	transportation mobility	tax (MCTMT) (multiply	line 1 by .34% (.0	0034)) 2.	•
3 Total estimated MCTMT	payments/payments v	vith Form MTA-7 (see ii	nstructions)	3 .	
4 MCTMT amount due (if	line 2 is more than line 3,	, subtract line 3 from line	2; pay this amou	nt) 4.	
5 Estimated tax penalty (in reduce the overpayment	oclude this amount in line on line 6; see instructions			•	
6 MCTMT overpaid (if line enter here and mark an X	2 is less than line 3, subtin box 7a or 7b)			6 .	
		7a. Refund	or 7b	. Credit to your	2011 estimated MCTMT
Third-party designee? (see instr.)	ignee's name		Designee's pho	one number	Personal identification number (PIN)
Yes No E-mail:					
▼ Paid preparer must complete (see instructions) ▼ Date: Preparer's signature ▶ Preparer's NYTPRIN					must sign here ▼
▶ Tropalor o orginaturo		▼ Preparer's PTIN or SSN	Your sigr	nature	
Address		Employer identification nur	nber Your occ	upation	
	L	Mark an X if self-employed	Date		▼ Daytime phone number
E-mail:		1	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.