

	Amended return ■				F	or calendar year 201 4
E	Employer identification number (EIN)	File number	Business telephone number			If you claim an
	!		()			overpayment, mark an X in the box
7.	egal name of corporation			Trade name/DBA		
Ν	Mailing name (if different from legal name above)			State or country of incor	poration Date rec	eived (for Tax Department use only)
c	c/o					
١	Number and street or PO box			Date of incorporation		
C	Dity	State	ZIP code	Foreign corporations: date business in NYS	e began	
L						
I	f you need to update your address of	or				
(other tax types, you can do so online	e. See Bus	siness information	in Form CT-	1.	
yo	u do business in the Metropolitan Commute	r Transporta	ation District (MCTD) ((the counties of N	New York, Br	onx, Kings, Queens,
Rich	mond, Dutchess, Nassau, Orange, Putnam,	Rockland, S	Suffolk, and Westches	ster) you must co	omplete this	form. If not, you do
	need to file this form. However, you must dis n CT-186-P. See <i>Who must file</i> in the instruc		y for the metropolitar	n transportation t	ousiness tax	(MTA surcharge) on
-						Payment enclosed
<u>A</u> .	Pay amount shown on line 14. Make payab Attach your payment here. Detach all chec					Payment enclosed
7	Attach your payment here. Detach all thet	k stubs. (See	instructions for details.)	■ A	
:or	nputation of MTA surcharge					
1	·	dariyad fram	s courses within the N	ACTD (and instrum	tions) 1	
2	•			,	, 	
3	·				_	%
4a	Tax after credits on Form CT-186-P, line 8.	,				
т а 4b	Add back Power for Jobs credit on Form (
4c	Net tax (add lines 4a and 4b)	ŕ			_	
5	Allocated tax (multiply line 3 by line 4c)					
6						
	First installment of estimated MTA surc					
7a		-	•		• 7a	
7b	If you did not file Form CT-5.9, see instruc					
8	Total (add line 6 and line 7a or 7b)					
9	Total prepayments (from line 25)					
10					_	
11	Estimated tax penalty (see instructions; mark		,			
12				· —	-	
13						
14					_	
15	Overpayment (if line 8 is less than line 9, subtr	-		,		
16	Amount of overpayment to be credited to			•		
17	Amount of overpayment to be credited to	MTA surcha	rge for the next period	d	17	
40			_			

Com	positi	on of prepayments claimed on line 9		Date paid	Amount								
19	Manda	Mandatory first installment		19									
20a	Second installment from Form CT-400												
20b	Third installment from Form CT-400												
20c	Fourth	n installment from Form CT-400	20с										
21	Payme	ent with extension request (from Form CT-5.9,	21										
22	Overp	ayment credited from prior years			22								
23	Add li	nes 19 through 22			23								
24		ayment credited from Form CT-186-P											
25	Total p	prepayments (add lines 23 and 24; enter here an			25	j							
Third – party designee No Designee's name (print) Designee's name (print))	Designee	e's phone)	number				
(see instruction								PIN					
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.													
Autho	orized	Printed name of authorized person	Signature of authorized person		Official	title							
per	son	E-mail address of authorized person	Tel	Telephone number ()			Date						
Pa	aid	Firm's name (or yours if self-employed)			m's EIN			Preparer's PTIN or SSN					
u	oarer se	Signature of individual preparing this return A	address	•			Sta	te	ZIP code				
only (see instr.)		E-mail address of individual preparing this return		Preparer's NYTPRIN			Date						

See instructions for where to file.

