



# CT-186-M

Department of Taxation and Finance

## Utility Corporation MTA Surcharge Return

For continuing section 186 taxpayers only (certain independent power producers)

Tax Law – Article 9, Section 186-b

Amended return

For calendar year 2015

Employer identification number (EIN)	File number	NYS principal business activity	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) and address		State or country of incorporation	Date received (for Tax Department use only)
c/o		Date of incorporation	
Number and street or PO box			
City	State	ZIP code	Foreign corporations: date began business in NYS

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

<b>A.</b> Pay amount shown on line 16. Make payable to: <b>New York State Corporation Tax</b>		Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)		<b>A</b>	
<b>Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage (see instructions)</b>		<b>A</b> MCTD	<b>B</b> New York State
1	Gross earnings from operating revenue .....	<b>1</b>	
2	Gross earnings from interest and dividends .....	<b>2</b>	
3	Gross earnings from other revenues .....	<b>3</b>	
4	Total .....	<b>4</b>	
5	MCTD allocation percentage (divide line 4, column A, by line 4, column B) .....	<b>5</b>	%
<b>Computation of MTA surcharge</b>			
6	Net New York State franchise tax (from Form CT-186, line 7) .....	<b>6</b>	
7	Allocated tax (multiply line 6 by line 5) .....	<b>7</b>	
8	<b>Metropolitan transportation business tax (MTA surcharge)</b> (multiply line 7 by 17% (.17)) .....	<b>8</b>	
<b>First installment of estimated MTA surcharge for next period:</b>			
9a	If you filed a request for extension, enter the amount from Form CT-5.9, line 7 .....	<b>9a</b>	
9b	If you did not file Form CT-5.9, see instructions .....	<b>9b</b>	
10	Add lines 8 and 9a or 9b .....	<b>10</b>	
11	Total prepayments (from line 27) .....	<b>11</b>	
12	Balance (if line 11 is less than line 10, subtract line 11 from line 10) .....	<b>12</b>	
13	Estimated tax penalty (see instructions; mark an <b>X</b> in the box if Form CT-222 is attached) <input type="checkbox"/> .....	<b>13</b>	
14	Interest on late payment (see instructions) .....	<b>14</b>	
15	Late filing and late payment penalties (see instructions) .....	<b>15</b>	
16	<b>Balance due</b> (add lines 12 through 15 and enter here; enter the payment amount on line A above) .....	<b>16</b>	
17	Overpayment (if line 10 is less than line 11, subtract line 10 from line 11; see instructions) .....	<b>17</b>	
18	Amount of overpayment to be credited to New York State franchise tax .....	<b>18</b>	
19	Amount of overpayment to be credited to MTA surcharge for next period .....	<b>19</b>	
20	Amount of overpayment to be refunded .....	<b>20</b>	

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Composition of prepayments claimed on line 11 (see instructions)		Date paid	Amount
21	Mandatory first installment.....	21	
22a	Second installment from Form CT-400 .....	22a	
22b	Third installment from Form CT-400 .....	22b	
22c	Fourth installment from Form CT-400 .....	22c	
23	Payment with extension request (from Form CT-5.9, line 10) .....	23	
24	Overpayment credited from prior years .....	24	
25	Add lines 21 through 24 .....	• 25	
26	Overpayment credited from Form CT-186 <input type="text" value="Period"/> .....	• 26	
27	Total prepayments (add lines 25 and 26; enter here and on line 11) .....	27	

<b>Third – party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ( )
	Designee's e-mail address		PIN <input type="text"/>

**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>	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number ( )	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN or	Excl. code Date

See instructions for where to file.

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