CT-183-M

For calendar year 1987

New York State Department of Taxation and Finance

Metropolitan Transportation Business Tax Surcharge Report

ALL corporations required to file Form CT-183 must complete this form.

Article 9, Section 183-a, Tax Law

Place Preaddressed Label Here →	Employer identification number	File number	*For office use only*
	Name		*Date received*
Mail to: New York State Tax Department Processing Unit P.O. Box 1909 Albany, N.Y. 12201-1909	Number Street		
	City or town State	ZIP code	

Does the above named corporation (taxable under Article 9, Section 183) do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

☐ Yes ☐ No

If you answered yes, complete this form and pay the tax surcharge. If you answered no, you do not have to complete Schedules G or H. However, this form **must** be signed by an officer and returned to: **New York State Tax Department, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909**

A. Payment – pay amount shown on line 9. Make check payable to: **New York State Corporation Tax** — Payment enclosed $

Schedule G – Computation of Tax Surcharge

1	NYS franchise tax from 1986 Form CT-183, Schedule A, line 4	1	
2	MCTD allocation percentage from page 2	2	%
3	Allocated tax *(multiply line 1 by line 2)*	3	
4	**Tax surcharge** *(multiply line 3 by 17%)*	4	
5	Prepayments (a) Payment with CT-5.9		
	(b) Credit transferred from Form CT- ____ Period		
	Total prepayments claimed *(add lines 5a and 5b)*	5	
6	Balance *(subtract line 5 from line 4)*	6	
7	Interest if applicable *(compute on amount from line 6)*	7	
8	Additional charges if applicable *(compute on amount from line 6)*	8	
9	**Balance due** *(add lines 6, 7 and 8 – enter payment on line A)*	9	
10	Overpayment *(subtract line 4 from line 5)*		
	(a) Refund of overpayment	10a	
	(b) Credit to NYS franchise tax CT-____ Period	10b	

Certification by an Elected Officer of the Corporation

I hereby certify that this report and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of preparer or name of firm	Preparer's address

Schedule H – Computation of MCTD Allocation Percentage Section 183-a – **Use 1986 Figures**

Part I – MCTD Allocation – Section 183a – General Transportation Corporations		Average Value for the Year (a) MCTD	Average Value for the Year (b) New York State
11 Bills and accounts receivable	**11**		
12 Shares of stock of other companies owned *(attach list showing corporate name, shares held and actual value)*	**12**		
13 Bonds, loans and other securities, exclusive of obligations of the United States, held, used or employed	**13**		
14 Leaseholds	**14**		
15 Real estate owned	**15**		
16 All other assets (except cash and investments in U.S. obligations)	**16**		
17 Total *(add lines 11 through 16)*	**17**		
18 MCTD allocation percentage *(divide line 17, Column (a) by Column (b) – enter on page 1, line 2, Schedule G)*	**18**	%	

Part II – MCTD Allocation – Section 183a – Aviation Corporations **only**		(a) MCTD	(b) New York State
19 Revenue aircraft arrivals and departures	**19**		
20 MCTD percentage *(divide line 19, Column (a) by Column (b))*	**20**	%	
21 Revenue tons handled	**21**		
22 MCTD percentage *(divide line 21, Column (a) by Column (b))*	**22**	%	
23 Originating revenue	**23**		
24 MCTD percentage *(divide line 23, Column (a) by Column (b))*	**24**	%	
25 Total *(Add lines 20, 22 and 24)*	**25**	%	
26 MCTD allocation percentage *(divide line 25 by three – enter on page 1, line 2, Schedule G)*	**26**	%	

Part III – MCTD Allocation – Section 183a – For Corporations Operating Vessels in MCTD Territorial Waters		(a) MCTD Territorial Waters	(b) New York State Territorial Waters
27 Aggregate number of working days	**27**		
28 MCTD allocation percentage *(divide line 27, Column (a) by Column (b) enter on page 1, line 2, Schedule G)*	**28**	%	