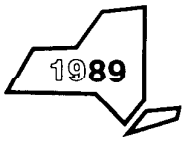
New York State Department of Taxation and Finance

CT-186-P/M



Metropolitan Transportation Business Tax Surcharge Return

For calendar year 1989

Employer identification number —	File number *	If your name, employer identification number, address or owner/ officer information has changed, file Form DTF-95 (see instructions).	*For office use only*
Name			*Date received*
Number and street / City or town / State / ZIP code			
State or country of incorporation / date	Foreign corporations: date began business in NY	Business telephone number ( )	

If you do business in the Metropolitan Commuter Transportation District, (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester) you must complete this form. If not, you do not need to file this form. However, you must disclaim liability for the MTB tax surcharge on Form CT-186-P.

A. Payment - pay amount shown on line 12 — Make check payable to: **New York State Corporation Tax**	Payment enclosed	

Computation of MCTD Allocation Percentage

New York State gross income *(from Form CT-186-P, line 39)*	1		
Gross income included on line 1 which was derived from sources within the Metropolitan Commuter Transportation District	2		
MCTD allocation percentage *(divide line 2 by line 1)*	3		%

Computation of Tax Surcharge

Net New York State franchise tax *(from Form CT-186-P, line 3)*	4		
Allocated tax *(multiply line 4 by line 3)*	5		
Tax surcharge *(multiply line 5 by 17%)*	6		
Prepayments with Form CT 5.9	7a		
Credit transferred from Form CT- Period	7b		
Total prepayments claimed *(add lines 7a and 7b)*	8		
Balance *(if line 8 is smaller than line 6 subtract line 8 from line 6)*	9		
Interest on late payment *(see instructions)*	10		
Late filing and late payment penalties *(see instructions)*	11		
Balance due *(add lines 9, 10 and 11 - enter amount on line **A**)*	12		
Overpayment *(if line 6 is smaller than line 8 subtract line 6 from line 8)*	13		
Amount of overpayment to be refunded	14		
Amount of overpayment to be credited to New York State franchise tax Form CT- Period	15		

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

Date	Signature of taxpayer, agent or elected officer	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Instructions

Who Must File

Utilities, persons, corporations, companies, associations or joint-stock associations subject to the supervision of the State Department of Public Service, who sell or furnish gas, electricity, steam, water, refrigeration, telephone or telegraph services within the Metropolitan Commuter Transportation District (MCTD) must file Form CT-186-P/M and pay a business tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

Change of Business Information

If there have been any changes in your business' name, identification number, mailing address, business address, telephone number or owner/officer information, complete the enclosed Form DTF-95, *Change of Business Information*. If you need a form call **1 800 462-8100** (from out of state (518) 438-1073) to request one.

Mail your completed Form DTF-95 to:

NYS Tax Department
Registration Section
Building 8, Room 409
W. A. Harriman Campus
Albany, NY 12227

If there are no changes to your business' information, keep this Form DTF-95 in your files. In the event a change occurs, complete the form and send it to the Tax Department as soon as possible.

Tax Rate

The Metropolitan Transportation Business tax surcharge applies to tax years beginning on or after January 1, 1982, but ending before December 31, 1990. The surcharge will not be imposed upon any taxpayer for more than 96 months.

The surcharge rate for 1989 is 17%. It is applied to the portion of tax imposed under Section 186-a, after deduction of any credits attributable to the taxpayer's activities carried on within the MCTD.

When and Where to File

Mail this return with any payment due to:

NYS Corporation Tax
Processing Unit
P. O. Box 1909
Albany, NY 12201-1909

on or before March 15, 1990.

Extension of Time for Filing Tax Surcharge Return

You may request additional time to file a tax surcharge return. File Form CT-5.9 on or before the due date of the return for which the extension is requested and pay the tax surcharge estimated to be due. The payment must equal or exceed 90% of the tax surcharge as finally determined.

Line A. After completing your return, enter the amount of your payment. Your payment should be the full amount shown on line 12.

Computation of MCTD Allocation Percentage

If you do all your New York State business within the 12 counties of the MCTD, enter 100% on line 3.

If you do part of your business outside the MCTD compute your MCTD allocation percentage by completing lines 1 through 3.

Lines 1 and 2. Enter your gross income from all sources within New York State on line 1 and your gross income from sources within the MCTD on line 2.

Line 3. Divide line 2 by line 1. This is your MCTD allocation percentage.

Computation of Tax Surcharge

Line 4. Enter your New York State franchise tax from Form CT-186-P, line 3.

Line 5. Multiply line 4 by line 3.

Line 7a. Enter any payment made with Form CT-5.9, *Application for Three-Month Extension*.

Line 7b. You can apply an overpayment of franchise tax from Form CT-186-P to this surcharge. Enter the form number, period in which the overpayment occurred (month and year) and amount to be applied. On the overpayment line of your Form CT-186-P, indicate the amount of money to be applied to the MTB tax surcharge.

Line 10. If you do not pay the tax on or before the due date (without regard to any extension of time) you must pay interest on the amount of the underpayment from the due date to the date paid.

You may call the Taxpayer Assistance Bureau for the current interest rate or to have the interest computed for you. Call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State call (518) 438-8581.

Line 11. Late filing and late payment penalties are computed on the amount of tax less any payment made on or before the due date.

a. If you do not file a return when due or if the application for extension is invalid, add to the tax 5% per month up to 25% (section 1085(a)(1)(A)).

b. If you do not file a return within 60 days of the due date, the addition to tax cannot be less than the smaller of $100 or 100% of the amount required to be shown as tax (section 1085(a)(1)(B)).

c. If you do not pay the tax shown on a return, add to the tax ½% per month up to 25% (section 1085(a)(2)).

d. The total of the additional charges in a and c may not exceed 5% for any one month, except as provided for in b above (section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing and/or payment (section 1085).

Line 13. If line 6 is smaller than line 8, subtract line 6 from line 8. This is the amount of overpayment. You may divide it on lines 14 and 15 in any way you choose.