



Metropolitan Commuter Transportation Mobility Tax Group Return for Partners

MTA-505

For calendar year 2009 or fiscal year beginning and ending

Print or type	Read the instructions, Form MTA-505-I, before completing this return.		
	Legal name of partnership		
	Trade name of business if different from legal name above		
	Address (number and street or rural route)		
	City, village, or post office	State	ZIP code

▼ Special MCTMT identification number

▼ Employer identification number

Amended return

This form must be completed by a partnership that elects to file a group metropolitan commuter transportation mobility tax (MCTMT) return for partners. All requirements stated in the instructions must be met in order to file an MCTMT group return.

Mark an **X** in the box if final return: Enter date out of existence:

Total number of partners included in this MCTMT group return:

You must complete Form MTA-505-ATT before making any entries on lines 1 through 5 below (see instructions).

Attach Form MTA-505-ATT to the back of this return.

- 1 Net earnings from self-employment allocated to the metropolitan commuter transportation district (MCTD) (from Form MTA-505-ATT, column C) 1. .
- 2 MCTMT (from Form MTA-505-ATT, column D) 2. .
- 3 Estimated MCTMT paid/amount paid with Form MTA-7 (from Form MTA-505-ATT, column E) 3. .
- 4 MCTMT balance due (if line 2 is **more than** line 3, subtract line 3 from line 2). Do not send cash; make check or money order payable to **Commissioner of Taxation and Finance**; write your special MCTMT identification number and **2009 MTA-505** on it 4. .
- 5 Amount overpaid applied to 2010 MCTMT estimated tax (if line 2 is **less than** line 3, subtract line 2 from line 3; see instructions) 5. .

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼	
Preparer's signature	▼ SSN or PTIN:
Firm's name (or yours, if self-employed)	● Employer identification number
Address	Mark an X if self-employed <input type="checkbox"/>
	Date
E-mail:	

▼ Group agent must complete and sign ▼	
Name of group agent	
Title of group agent	
Signature of group agent	
Date	▼ Daytime phone number
E-mail:	

Mail your completed return to:
MCTMT PROCESSING CENTER, PO BOX 4141, BINGHAMTON NY 13902-4141