

Metropolitan Commuter Transportation Mobility Tax Return

MTA-6

For Self-Employed Individuals (including partners)

	For the full year January 1, 2011, thro	ugh December 31, 201		
			and ending	
For help completing your return, see instructions, Form MTA-6-I. Your first name and middle initial Your last name			Your social security number	
Mailing address (number and street or rural route) Apartment no. Mark ar address (number and street or rural route)			Amended return	
City, village, or post office	State	ZIP code		
Enter your 2-character special c if applicable (see instructions)			enter your second 2-ch code	•
	oyment allocated to the metropolitations)			•
2 Metropolitan commuter transportation mobility tax (MCTMT) (multiply line 1 by .34% (.0034)) 2.				
3 Total estimated MCTMT payments and/or extension payments with Form MTA-7 (see instructions) 3 .				
4 MCTMT balance due (if line	2 is more than line 3, subtract line 3 fro	m line 2; pay this amou	nt) 4.	•
5 Estimated tax penalty (includ reduce the overpayment on lin	e this amount in line 4 or ne 6; see instructions) 5.		•	
	l ess than line 3, subtract line 2 from line x 7a or 7b)		6	
				•
	7a. Refund	d or 7b	. Credit to your 2012 est	timated MCTMT
Third-party Print designed designee ? (see instr.)	's name	Designee's pho	one number	Personal identification number (PIN)
Yes No E-mail:				
· · · · · · · · · · · · · · · · · · ·				
▼ Paid preparer must complete (see instructions) ▼ Date: ▼ Taxpayer must sign here ▼ ■ Desperarie NVTPPIN				
Preparer's signature Firm's name (or yours, if self-employed)	 ▶ Preparer's NYTPRI ▼ Preparer's PTIN or 		lature	
Address	Employer identificat	tion number Your occ	upation	
	Mark an X self-emplo	(if Date	▼ Daytime	e phone number
E-mail:		E-mail:	I	

Make your check or money order payable to Commissioner of Taxation and Finance.

Mail to: MCTMT PROCESSING CENTER, PO BOX 4135, BINGHAMTON NY 13902-4135

For information about private delivery services, see instructions.