Department of Taxation and Finance

Attachment to Form IT-2658

Report of Estimated Metropolitan Commuter Transportation Mobility Tax (MCTMT) for New York Nonresident Individual Partners

IT-2658-MTA

Page _____ of _____

Legal name	Employer identification number

Allocation of estimated MCTMT to partners *(attach additional Form(s) IT-2658-MTA if necessary)*

A Name and address of partner	B Partner's Social Security number	C Partner's percentage of ownership *(see instructions)*	D Amount of estimated MCTMT paid on behalf of partner *(see instructions)*
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name First name and middle initial		. %	.00
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code

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Legal name	Employer identification number	Page _____ of _____

A Name and address of partner	**B** Partner's Social Security number	**C** Partner's percentage of ownership *(see instructions)*	**D** Amount of estimated MCTMT paid on behalf of partner *(see instructions)*
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code
Last name		. %	.00
First name and middle initial			
Mailing address *(number and street or PO box; see instructions)*	Apartment number	City, village, or post office	State / ZIP code

Page total *(add column D amounts)* ..... .00