



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
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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			
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			
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			
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			
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			
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			
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			
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			
Mailing address (number and street or PO box; see instructions)	Apartment number	City, village, or post office	State ZIP code

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