

RIDE MTA FOR LESS THAN FULL FARE.

COMMUTER CHOICE MARYLAND



MARYLAND TRANSIT ADMINISTRATION



Maryland Commuter Tax Credit Registration Form

For taxable periods beginning on _____ through _____

Business entities may claim the lesser of 50% of the cost of employer-paid commuter benefits (as outlined in the Administrative Guidance) or \$50.00 per participating employee per month. The credit must be claimed on a tax return for the tax year in which the commuter benefits are paid. Employers must maintain a record of how much, and on behalf of which employee, incentives are paid. The Maryland Commuter Tax Credit Registration Form must be submitted as soon as possible after the decision is made to seek qualification for the credit, but no later than the last day of the taxable year in which the credit will be claimed.

Section 1-Employer Information

Business Entity Name: _____

Federal Employer Identification Number: _____

National Association of Insurance Commissioner's number (if applicable): _____

Primary Business Address: _____

City/State/Zip: _____

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____

E-mail (optional): _____

Are you providing commuter benefits at more than one facility in the State of Maryland?

No. Please skip to Section 2.

Yes. Number of facilities: _____

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Section 2-Tax Credit Information

Maximum \$50.00 per participating employee per month X number of months in program for a given year

Projected total tax credit for Transit Instrument expenses: \$ _____

Projected total tax credit for Vanpool and related expenses: \$ _____

Projected total tax credit for Cash In Lieu of Parking expenses: \$ _____

Projected total tax credit for Guaranteed Ride Home (GRH) expenses: \$ _____

Projected total tax credit for all eligible expenses: \$ _____

Section 3-Program Information

Anticipated number of employees participating in your program (all locations): _____

Which eligible expenses did you incur? _____

Transit Instruments (pass, token, fare card, voucher of similar item)

Anticipated number of employees in your program: _____

From which transportation provider did you buy passes/vouchers?

MTA Commuter Choice Maryland WMATA Metrochek

Montgomery Co. Fare Share Other _____

Total projected amount of tax credits for eligible transit instrument expenses: \$ _____

Vanpool and related expenses

Anticipated number of eligible participating vehicles: _____

Anticipated number of employees participating in a vanpool program: _____

Expenditures (check all that apply)

Van purchase/lease Fuel Insurance Maintenance Access Upgrades

Total projected amount of tax credits for eligible vanpool expenses: \$ _____

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Cash In Lieu of Parking Program

Anticipated number of eligible participating employees: _____

Taxable parking subsidy offered to employee: \$ _____

Total projected amount of tax credits for eligible Cash In Lieu of Parking expenses: \$ _____

Guaranteed Ride Home (GRH) Program

Anticipated number of eligible participating employees: _____

Type of transportation provided (check all that apply):

Taxi Car rental Company vehicle Transit Other _____

Total projected amount of tax credits for eligible GRH expenses: \$ _____

Please Return This Form To:

Buddy Alves, MTA Office of Marketing, 6 St. Paul St., Baltimore, Maryland, 21202-1644, 410-767-8755.