



**CT-32-A**  
(7/89)

**Combined Franchise Tax Return for Banking Corporations**

Article 32, Tax Law

beginning   
ending

Parent's employer identification number  File number

Name of parent corporation

Number and street

City or town  State  ZIP code

Telephone number (parent corporation)

Official use only

Date received

Audit use only

Business group code number (as on federal return)

**A Form CT-32 must be completed for each member of the combined group and must be filed with this return. CT-32-A filers should also file Form CT-32-B.**

**See Form CT-32-A-I, Instructions for Form CT-32-A**

**A. Payment** — pay amount shown on line 16. Make check payable to: **New York State Corporation Tax** \$  Payment enclosed

**Schedule I — Computation of Combined Tax and Payment of Estimated Tax**

1	Allocated combined entire net income (Schedule K, line 57)	x .09	1	•	
2	Allocated combined alternative entire net income (Schedule L, line 61)	x .03	2	•	
3	Allocated combined taxable assets (Schedule M, line 66)	x .0001	3	•	
4	Fixed minimum tax for parent corporation only		4		250 00
5	Combined franchise tax (whichever line is largest 1, 2, 3 or 4)		5	•	
6	Tax credits: Attach form or explanation • <input type="checkbox"/> CT-43 • <input type="checkbox"/> CT-45 • <input type="checkbox"/> DTF-601 • <input type="checkbox"/> DTF-602				
	• <input type="checkbox"/> Servicing Mortgages (enter amount) • <input type="text"/>		6	•	
7a	Net tax (subtract line 6 from line 5)		7a	•	
7b	Combined fixed minimum tax for subsidiaries (number of subsidiaries _____ x \$250)		7b	•	
7c	Total combined tax (add lines 7a and 7b)		7c	•	
8	Tax surcharge (add line 5 and line 7b and multiply the results by .025 - see instructions)		8	•	
9	<b>Total combined tax and tax surcharge</b> (add line 7c and line 8)		9	•	
10a	First installment for next period: If application of extension was filed, enter amount from Form CT-5.2, line 5 of that form		10a	•	
	or				
10b	If Form CT-5.2 was not filed, and the sum of line 7a plus line 8 is over \$1,000, enter 25% (.25) of that sum		10b	•	
11	Total (add line 9 and line 10a or 10b)		11	•	
12	Prepayments		12	•	
13	Balance (subtract line 12 from line 11)		13	•	
14	Interest on late payment: Compute on line 9 or line 13, whichever is smaller		14	•	
15a	Additional charges: Late filing and late payment penalties: Compute on line 9 or line 13, whichever is smaller		15a	•	
15b	Underpayment of estimated tax penalties: <input type="checkbox"/> Form CT-222 attached		15b	•	
16	Balance due (add lines 13, 14, 15a and 15b — enter payment on line A)		16	•	
17a	Overpayment (subtract line 11 from line 12)		17a	•	
17b	Overpayment to be credited to next period		17b	•	
17c	Balance of overpayment (subtract line 17b from line 17a)		17c	•	
17d	Overpayment to be credited to CT-32-M		17d	•	
17e	Overpayment to be refunded (subtract line 17d from line 17c)		17e	•	
18	Does this combined group or any member of the group do business in the Metropolitan Commuter Transportation District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If you answer yes, you must file Form CT-32-M. If you answer no, it is no longer necessary for you to file Form CT-32-M.				

**Certification by an Elected Officer of the Corporation**

I hereby certify that this return and any attachments are to the best of my knowledge and belief, true, correct and complete.

Date	Signature of Officer	Official title
Date	Signature of individual or firm preparing this return	Preparer's address

Mail to: NYS Tax Department, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909

List complete names and employer identification numbers for all members of this combined group. (Attach additional pages if necessary.)

Name	Employer Identification Number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	
Subsidiary #5	