



CT-33-M

New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return

Tax Law — Article 33, Section 1505-a

1997 calendar yr. filers, check box
Other filers enter tax period:

beginning

ending

| | | | | | |
|---|---|-----------------------------------|----------|--|---------------------|
| Employer identification number | | File number | | If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside the U.S. and Canada, call (518) 485-6800. | For office use only |
| Mailing Name and Address | Taxpayer's business name | | | | Date received |
| | Business name at location below (if different from business name above) | | | | Audit use |
| | c/o Street or PO Box | | | | |
| City | | State | ZIP code | | |
| <input type="checkbox"/> Check box if overpayment claimed | Business telephone number () | State or country of incorporation | | Date of incorporation | |

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-33.

| | |
|--|------------------|
| A. Payment — pay amount shown on line 22. Make check payable to: New York State Corporation Tax Attach your payment here. | Payment enclosed |
|--|------------------|

Computation of MCTD Allocation Percentage (See Form CT-33-M-I for assistance.)

| | | | |
|---|---|---|---|
| 1 | Net New York State premiums (from Form CT-33, line 37, or CT-33-A, line 32) | 1 | |
| 2 | MCTD premiums included on line 1 | 2 | |
| 3 | MCTD premium percentage (divide line 2 by line 1) | 3 | % |
| 4 | Weighted MCTD premium percentage (multiply line 3 by nine) | 4 | % |
| 5 | New York State wages (from Form CT-33, line 41, or CT-33-A, line 36) | 5 | |
| 6 | MCTD wages included on line 5 | 6 | |
| 7 | MCTD wage percentage (divide line 6 by line 5) | 7 | % |
| 8 | Total MCTD percentages (add lines 4 and 7) | 8 | % |
| 9 | MCTD allocation percentage (divide line 8 by ten) | 9 | % |

Computation of MTA Surcharge

| | | | |
|-----|--|-----|--|
| 10 | Net New York State franchise tax (from Form CT-33, line 13, or CT-33-A, line 16) | 10 | |
| 11 | Allocated tax (multiply line 10 by line 9) | 11 | |
| 12 | MTA surcharge (multiply line 11 by 17% (.17)) | 12 | |
| 13 | MTA surcharge retaliatory tax credit (see instructions) | 13 | |
| 14 | Total (subtract line 13 from line 12) | 14 | |
| 15a | If a request for extension was filed, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 | 15a | |
| 15b | If Form CT-5 or Form CT-5.3 was not filed, see instructions | 15b | |
| 16 | Add lines 14 and 15a or 15b | 16 | |
| 17 | Total prepayments (from line 45) | 17 | |
| 18 | Balance (if line 17 is less than line 16, subtract line 17 from line 16) | 18 | |
| 19 | Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") | 19 | |
| 20 | Interest on late payment (see instructions) | 20 | |
| 21 | Late filing and late payment penalties (see instructions) | 21 | |
| 22 | Balance due (add lines 18 through 21; enter payment on line A above) | 22 | |
| 23 | Overpayment (if line 16 is less than line 17, subtract line 16 from line 17) | 23 | |
| 24 | Amount of overpayment to be credited to New York State franchise tax | 24 | |
| 25 | Amount of overpayment to be credited to next year MTA surcharge | 25 | |
| 26 | Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23) | 26 | |
| 27 | Amount of MTA surcharge retaliatory tax credit to be refunded (enter from line 38) | 27 | |
| 28 | Total refund claimed (add lines 26 and 27) | 28 | |

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

| | | | |
|---|---|----------------|---|
| Signature of elected officer or authorized person | | Official title | Date |
| Paid Preparer Use Only | Firm's name (or yours if self-employed) | ID number | Date |
| | Address | | Signature of individual preparing this return |

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909**
See Back for Claim for Refund

Claim for Refund of MTA Surcharge Retaliatory Tax Credit

| | | Column A 1992 | Column B 1993 | Column C 1994 | Column D 1995 | Column E 1996 |
|--|-----------|------------------|------------------|------------------|------------------|------------------|
| 29 MTA surcharge payable | 29 | | | | | |
| 30 MTA surcharge retaliatory tax credits previously allowed (see instructions) | 30 | | | | | |
| 31 Balance (subtract line 30 from line 29; if less than zero, enter "0") | 31 | | | | | |
| 32 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1992 MTA surcharge (may not exceed line 31, Column A) | 32 | | | | | |
| 33 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1993 MTA surcharge (may not exceed line 31, Column B) | 33 | | | | | |
| 34 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1994 MTA surcharge (may not exceed line 31, Column C) | 34 | | | | | |
| 35 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1995 MTA surcharge (may not exceed line 31, Column D) | 35 | | | | | |
| 36 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1996 MTA surcharge (may not exceed line 31, Column E) | 36 | | | | | |
| 37 Total MTA surcharge retaliatory tax credits allowed to date (see instructions) | 37 | | | | | |
| 38 Total credits (add lines 32 through 36; enter here and on line 27) | 38 | | | | | |

Composition of Prepayments Claimed on line 17

| | | Date Paid | Amount |
|--|-----------|-----------|--------|
| 39 Mandatory first installment | 39 | | |
| 40 CT-400 installments | 40 | (1) | |
| | | (2) | |
| | | (3) | |
| 41 Payment with extension application, Form CT-5, line 10 or Form CT-5.3, line 13 | 41 | | |
| 42 Credit from prior years | 42 | | |
| 43 Add lines 39 through 42 | 43 | | |
| 44 Credit from Form CT-33 or CT-33-A | 44 | Period | |
| 45 Total prepayments (add lines 43 and 44; enter here and on line 17) | 45 | | |

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and Canada**, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - <http://www.tax.state.ny.us> Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.