

Firm's name (or yours if self-employed)

Paid Preparer Use Only

Address

New York State Department of Taxation and Finance

# Report by a Corporation

1998 ca	alenda	r-yr. filo	ers, (	check box
Other	filers	enter	tax	period:

	Franchise Tax													beginning									
											icle 9		ux i	·Ota	• • •				ending				
Emp	oloye	r identificat	tion num	ber								F	ile number					For	office us	e only			
		Legal nam	e of corp	ooration								Tr	rade name/D	BA									
)e	ږ														Date received								
าลท	res	Mailing name (if different from legal name) and address  State or country of incorporate incorporate in the state of country of incorporate incorporate in the state of country of of												ration									
Mailing name	address	C/o  Number and street or PO box  Date of incorporation																					
iξ.	and	Date of incorporation																					
Ĕ	ā	City State ZIP code Foreign corporations: date began										egan											
															business in	NYS		Aud	dit use				
		above is ne											n has changed,	Business	telephone num	ber							
	k box uction	r (see			From areas o								0 462-8100 to 0.	(	)								
		ess activity structions)	code nu	mber (fro	om federal	return;		• 🗆	NAI	cs	Principa	l bus	iness activity										
	, , , , ,							• 🗆	Othe	er													
Co	mh	oined pa	arent's	corp	oration	nam	e																
	11110	oniou po	2101110	, 001 b	Oracion	- Iuiii								1									
Со	mb	oined pa	arent's	s emp	loyer id	entifi	catior	n num	ber	r					. 1	1	. 1	ī	ı	1	ı	i	ı
Mai	rol	politan	Trans	sport	ation B	ucin	occ T	Cay (N	ЛΤΛ	Sur	chara	٥)											
	_	-		-				-			_	-	or lease	property	or mainta	ain an	offic	e in the					
																					Yes	Ī	No
Gro	ss p	ayroll					Total	receipts					P	verage valu	e of gross asse	ets							
1 :	=iv/	مط طمالم	ır min	imum	tay (an	ly for	tha a	ornoroi	tion	filina	thic fo	rm.	ann inatru	ationa)									
															oital stock				ndina				
		of par sha	_	garrize	u outsi		lue	JIK OL	aic	, con	ipicic	uic		mber of no		13346	u an	Value	iriuirig.				
					\$	5											\$						
Co	mn	osition	n of F	Prena	vment	s																	
							d and	d inclu	ıded	d in F	orm (	CT-	3-A, <i>Gen</i>	eral Bus	siness Coi	porat	ion C	ombine	d Fran	chise	Tax R	eturn,	and
For	m (	CT-3M/4	4M, <i>G</i>	enera	l Busin	ess (	Corpo	ration	n M	TA S	urchai	rge	Return.										
								Franchise Tax							MTA Surcharge								
								Date	Pai		Amount						Date P			Amo			
3 1	Mai	ndatory	firet i	inetalli	ment	3		Dute	···				unount			. 3		Date 1	uiu		Aine	<u>unit</u>	
		400 ins				4	(1)									4	(1)						
		100 1110	, commit				(2)										(2)						
							(3)										(3)						
5 F	⊃ay	ment w	vith ex	tensic	on	5										. 5							
6 (	Cre	dit from	n prio	years	s (see ir	nstruc	tions)			6									6				
7 /	٩dc	d amou	nt col	umns	(enter h	ere a	nd inc	:lude		_					(enter here	and ii	nclude	e on					
(	on I	line 107	of For	m CT-3	3-A)				٠.	7					line 51 of F	orm C	СТ-ЗМ,	/4M)	7				1
Cer	tifi	cation	Unde	ar nan	alties o	f nor	iurv I	decl.	ar≙	that	this c	arn.	oration is	allower	to file on	a cc	mhin	ad hasi	s unda	r Now	/ York	State	Law
															ttachment								
		orrect,								,	••	-	.1	-					٠, ٠		- 0 - 0	•	-
Signature of elected officer or authorized person Official title										D	ate												

ID number

Date

Signature of individual preparing this return

## Instructions

The CT-3-A/C is an individual certification that must be filed by each member of the New York State combined group except:

- A. the corporation, designated the parent, that is responsible for filing Form CT-3-A; and
- B. a foreign corporation that is not taxable in New York State.

Form CT-3-A/C is required to be filed annually and must be attached to the parent corporation's Form CT-3-A.

## **Reporting Period**

If you are a calendar year filer, check the box in the upper right corner on the front of the form.

## **Business Activity Code Number**

Enter the business activity code number from your federal return. Please check the appropriate box for the type of code you are using. Check the box marked *NAICS* if you use the North American Industry Classification System. If you have entered a Principal Industrial Activity (PIA) or Standard Industrial Classification (SIC) code, check the box marked *Other*.

If you are a fiscal year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

#### **Fixed Dollar Minimum Tax**

Each corporation (except those mentioned in A and B above) must compute its own fixed dollar minimum tax on this form. Enter this tax on line 1 of this form.

**Do not pay the tax with this form.** Enter the fixed dollar minimum tax on line 1 of this form and also include on Form CT-3-A, line 83a or line 83b, whichever is applicable.

The fixed dollar minimum tax is computed as follows:

For a corporation with a gross payroll of:	The fixed dollar minimum tax is:
\$6,250,000 or more	\$1,500
Less than \$6,250,000 but more than \$1,000,000	\$425
\$1,000,000 or less	\$325*
Gross payroll, total receipts and average of gross assets are each \$1,000 or less.	

See Form CT-3-A-I, *Instructions for Forms CT-3-A, CT-3-A/ATT and CT-3-A/B*, line 74 instructions for computation of fixed dollar minimum tax.

Enter your gross payroll, total receipts and gross assets in the appropriate boxes on line 1.

\* For tax periods beginning on or after July 1, 1998, if the corporation has gross payroll of less than \$250,000, the fixed dollar minimum tax is only \$100 instead of \$325. The other fixed dollar minimum tax rates remain the same.

# **Composition of Prepayments**

Complete this schedule only if the corporation filing this Form CT-3-A/C made separate payments or has separate credits.

**Line 6** — Include franchise tax payments credited from prior years in the *Franchise Tax* column and MTA surcharge payments credited from prior years in the *MTA Surcharge* column.

**Line 7** — The total of the *Franchise Tax* column will be carried to line 107 of Form CT-3-A. The total of the *MTA Surcharge* column will be carried to line 49 of Form CT-3M/4M, filed by the parent.

#### Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), 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 outside 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. (eastern time), 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.

### **Privacy Notification**

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.