

New York State Department of Taxation and Finance

Report by a Banking Corporation Included in a Combined Eranchise Tax Return

Use this form for tax periods							
beginning in January 1999 or after.							
1999 calendar-yr. filers, check box:							
Other filers enter toy naried.							

				Iax Re	turn		b	eginning		
		Tax Law	— Artic	le 32			_	ending		
Employ	er identification number			File number				For office use only		
	Legal name of corporation			Trade name/DI	BA			Date received		
me	Mailing name (if different from legal na	ame) and address				State or co	untry of incorporation	24.0 70007704		
nai	c/o									
Mailing name and address	Number and street or PO box					Date of inco	prporation			
Ma	City	Stat	e	ZIP code			orations: date began			
						business in N		Audit use		
check b	ox (see you must file Form DTF-	entification number, address, or owner -95. If you need Form DTF-95, call 1	800 462-8100) to	Business t	elephone numb	er			
NAICS	business code number (see instructions)	as outside the U.S. and outside Car Principal business activity		3) 485-6800.		<i>'</i>				
Name	of parent corporation				En	nployer identif	ication number of pa	arent corporation	l	
Metro	politan transportation be	usiness tay (MTA sur	charge)							
Dur	ing the tax year did you do	business, employ ca	pital, owr							_
Met	ropolitan Commuter Trans	portation District?							Yes	No
Every	corporation that files Form	n CT-32-A/C must incl	ude a fixe	ed minimum	n tax pay	ment of \$2	250 on Form CT	-32-A, Scheo	dule A, line 8.	
Com	putation of the issuer's	s allocation percen	itage —	Complete	Method	d I II or I	II (see instructi	ons Form C	T-32-A/C-I)	
		•		•				<u> </u>		
weur	od I — Enter the alternativ Form CT-32-A/B.	Schedule E, Part II, lir						L		%
Metho	od II — A New York State	gross incomes income				\$				
		e B								%
	<u> </u>							-		
wetno	od III — Computation of	subsidiary capital al	located t	O New Yor	K State		T			
	A Subsidiary corpo	ration	B % of	C Average		D Current	E Net average	F Issuer's	G Value allocate	ad to
	Oubsidiary corpo	Tation	voting	value of	f	liabilities	value	allocation	New York Sta	
	Name	Employer	stock	subsidia	to to	ttributable subsidiary	(col. C - col. D)	percentage	(col. E × col.	F)
(Atta	ach separate sheet if necessary)	identification number	owned	capital		capital				
	nts from attached list					1				
1 10	otals									
Com	putation of business c	apital allocated to	New Yo	rk State						
	verage value of total asset							. 2		
	urrent liabilities									
	otal net average value of s							. 5		$\overline{}$
	et business assets (subtraction librative entire net income							·		%
	usiness assets allocated to									
Com	putation of issuer's all	ocation percentage	е							
8 S	ubsidiary capital and busir	ness capital allocated t	to New Y							
	otal worldwide capital (see									
10 IS	suer's allocation percenta	ge (divide line 8 by line 9	٠					. 10		%

CT-32-A/C (1999) (back)

Composition of prepayments

Member's prepayments to be credited and included on Form CT-32-A, *Banking Corporation Combined Franchise Tax Return*, and Form CT-32-M, *Banking Corporation MTA Surcharge Return*.

			Franchise tax						MTA surcharge					
			Date p	aid		Amount					Date p	aid	Amount	
11 Mandatory first installment	11								11					
12 CT-400 installments	12	(1)							12	(1)				
		(2)]		(2)				
		(3)						1		(3)				
13 Payment with extension	13]	13					
14 Credit from prior years (see in	struc	tions)		14								14		
15 Add amount columns (enter here and inc			clude					(enter here and include			on			
on line 29 of Form CT-32-A, Schedule A)				15				line 9 of Form	n CT-	32-M)		15		

Certification. Under penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this report and any attachments are to the best of my knowledge and belief true, correct, and complete.

٠.	de, correct, and complete.			
S	Signature of elected officer or authorized person	Official title		Date
j	Firm's name (or yours if self-employed)		ID number	Date
Doid Died	Address		Signature of individual preparing th	nis return

Attach this report to the parent corporation's Form CT-32-A.