

New York State Department of Taxation and Finance

Banking Corporation MTA Surcharge Return Tax Law — Article 32, Section 1455-B

1999 calendar-yr.	filers, check box	l
Other filers enter	tax period:	

beginning		
ending		

Linpio	yer identification number					ayment cla	aimed 📙	T OF OFFICE	use only	
	Legal name of corporation Trade name/DBA						1			
								Date rece	eived	
me	Mailing name (if different from legal name) a	and address		State or country of incorporation			of incorporation	1		
na dre										
ing	Number and street or PO box				Date o	of incorpo	ation	1		
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					busine	ss in NYS		Audit use		
	name, employer identification number, address rm DTF-95. If you need Form DTF-95, call 1 80			Business te	elephone	number				
	itside Canada, call (518) 485-6800.		outside the o.s.	())]		
NAICS	business code number (see instructions)	Principal business activity								
	do business in the Metropolitan Commu									
_	and, Suffolk, and Westchester), you must							for the M		
A. P	ayment – pay amount shown o	n line 14. Make check payal	ole to: <i>New</i>	York Sta	te Co	rpora	ion Tax	L	Payment enclosed	
	Attach your payment her				_					
	putation of Metropolitan Com		-	-	-		_		T I	
	Gross income within MCTD (s									
	Gross income within New York	=								
	MCTD gross income allocation	n percentage (divide line 1 by	/ line 2)					3	%	
	putation of MTA surcharge								L	
	Net New York State franchise tax									
	Allocated tax (multiply line 4 by									
6	MTA surcharge (multiply line 5 kg							6		
	First installment of estimated I									
	If you filed a request for extensi									
	If you did not file Form CT-5 o									
8	Add lines 6 and 7a or 7b									
9	Total prepayments (from line 25	•								
10	10 Balance (if line 9 is less than line 8, subtract line 9 from line 8)									
11										
	Interest on late payment (see							I .		
	13 Late filing and late payment penalties (see instructions)									
	14 Balance due (add lines 10 through 13; enter payment on line A above)									
	15 Overpayment (if line 8 is less than line 9, subtract line 8 from line 9)									
	16 Amount of overpayment to be credited to New York State franchise tax									
	Amount of overpayment to be							I		
	Amount of overpayment to be putation of prepayments on I					·····	_		Amount	
					40		Date pa	iiu	Amount	
	Mandatory first installment				19	(4)				
20	CT-400 installments	•••••			20					
						(2)				
24	Doumant with automaian reques	+ Form CTE line 10 or Form	~ CT = 2 lin	- 12	24	(3)				
	Payment with extension reques							22		
	Credit from prior years							22	-	
	Add lines 19 through 22					Period		23		
	Credit transferred from Form Cotal prepayments (add lines 2)							25		
									t and complete	
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										
	<u> </u>									
arer y	Firm's name (or yours if self-employed)				П	D numbe	r		Date	
prepa	Tie									
Paid preparer use only	Address				8	Signature of individual preparing this return				
-										

Instructions

General information

If you file Form CT-32 or CT-32-A, use Form CT-32-M to report and pay the metropolitan transportation business tax surcharge (MTA surcharge).

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file Form CT-32-M and pay the MTA surcharge on business done in the MCTD. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

Corporations filing on a combined basis are required to file only one return for the combined group. Use combined figures, as shown on your Form CT-32-A, to complete this form.

MTA surcharge rate

The MTA surcharge rate is 17%.

When and where to file

File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15th. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038. If you use a delivery service other than the U.S. Postal Service, see *Private delivery services* in the instructions for Form CT-32.

Extension of time for filing

You may request additional time to file an MTA surcharge return. File Form CT-5 or Form CT-5.3 on or before the due date of the return for which you are requesting the extension, and pay the MTA surcharge you estimate to be due.

Employer identification number, file number, and other identifying information

For us to process your corporation tax forms as quickly and efficiently as possible, it is important that we have the necessary identifying information from your preprinted label. **Keep a record of the label information for future use.** Please be certain to include your employer identification number and file number on each corporation tax form mailed. Without this information, we may not be able to process your return.

If you use a paid preparer or accounting firm, make sure they use the mailing label or label information when completing all forms prepared for you.

Change of business information

If there have been any changes in your business name, identification number, mailing address, business address, telephone number, or owner/officer information, and you have not previously notified us, complete Form DTF-95, *Change of Business Information.* If you don't have a form, call toll free (518) 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800 to request one.

Amended return

If you are filing an amended return, please write Amended return across the top.

Reporting period

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

NAICS business code number

Enter the six-digit NAICS business activity code number from your federal return.

Line instructions

Whole dollar amounts – You may elect to show amounts in whole dollars rather than dollars and cents. Round an amount from 50 cents through 99 cents to the next higher dollar, and round any amount less than 50 cents to the next lower dollar.

Percentages – When computing allocation percentages, convert decimals into percentages by moving the decimal point two spaces to the right. Carry percentages out to four decimal places. For example: 5,000/7,500 = .6666666 = 66.6667%.

Negative amounts — Show any negative amounts in parentheses.

Line A — Make your payment in United States funds. We will accept a foreign check or foreign money order only if payable through a United States bank or if marked **Payable in U.S. funds.**

Computation of MCTD gross income allocation percentage

- If you do all of your New York State business within the 12 counties of the MCTD, skip lines 1 and 2 and enter 100% on line 3.
- If you do part of your business outside of the MCTD, compute your MCTD gross income allocation percentage on lines 1 through 3.

The MCTD gross income allocation percentage is determined by dividing your gross income within the MCTD by your gross income within New York State. Gross income is federal gross income as defined in section 61 of the Internal Revenue Code (IRC), plus any amount excluded from federal gross income under section 103 of the IRC, minus the eligible gross income of an international banking facility (IBF), if the taxpayer elects to utilize the IBF modification. (See Regulations, section 23-1.3(b).)

First installment of estimated tax for the next tax period

If, on your Form CT-32, you must make a first installment of estimated franchise tax for the next tax period, you must also make a first installment of the MTA surcharge for the next tax period.

Line 7b – Enter 25% of the amount on line 6 if you did not file Form CT-5 or Form CT-5.3 and the franchise tax shown on Form CT-32, line 7, or Form CT-32-A, Schedule A, line 7, is over \$1,000. Otherwise, enter "0."

Line 11 – If you underpaid your estimated MTA surcharge, use Form CT-222, *Underpayment of Estimated Tax by a Corporation*, to compute the penalty. Attach Form CT-222 and check box. If no penalty is due, enter "0" on line 11.

Line 12 – If you do not pay the MTA surcharge on or before the original due date (without regard to any extension of time to file), you must pay interest on the amount of the underpayment from the original due date to the date paid. Exclude from the interest computation any amount shown on line 7a or line 7b, first installment of estimated MTA surcharge for the next tax period.

Line 13 – Late filing and late payment penalties are computed on the amount of the MTA surcharge minus any payment made on or before the due date (with regard to any extension of time for filing). Exclude from the penalty computation any amount shown on line 7a or line 7b, first installment of estimated MTA surcharge for the next tax period.

- A. If you do not file a return when due or if your request for extension is invalid, add to the MTA surcharge 5% per month up to 25% (section 1085(a)(1)(A)).
- B. If you do not file a return within 60 days of the due date, the addition to the MTA surcharge in item A above cannot be less than the smaller of \$100 or 100% of the amount required to be shown as MTA surcharge (section 1085(a)(1)(B)).
- C. If you do not pay the MTA surcharge shown on a return, add to the MTA surcharge ½% per month up to 25% (section 1085(a)(2)).
- D. The total of the additional charges in items A and C may not exceed 5% for any one month, except as provided for in item B above (section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining the delay in filing, payment, or both (section 1085).

Note: If you wish, we will compute the interest (line 12) and penalty (line 13) for you. Call the Business Tax Information Center at 1 800 972-1233.

Line 15 – If line 8 is less than line 9, subtract line 8 from line 9. This is the amount of overpayment. You may divide it on line 16, 17, or 18 in any way you choose.

Line 18 – Collection of debts from your refund — We will keep all or part of your refund if you owe a past-due legally enforceable debt to the Internal Revenue Service (IRS) or to a New York State agency. This includes any state department, board, bureau, division, commission, committee, public authority, public benefit corporation, council, office, or other entity performing a governmental or proprietary function for the state or to a social services district. We will refund any amount over your debt.

If you have any questions about whether you owe a past-due legally enforceable debt to the IRS or to a state agency, contact the IRS or that particular state agency.

For New York State tax liabilities **only** call 1 800 835-3554 (outside the U.S. and Canada call (518) 485-6800) or write to NYS Tax Department, Tax Compliance Division, W A Harriman Campus, Albany NY 12227.