

New York State Department of Taxation and Finance

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

Use this form for tax periods beginning in January 2001 or after. 2001 calendar-yr. filers, check box: Other filers enter tax period:

beainnina	
beginning	

		Tax Law	— Article	e 32				ending		
Employ	er identification number			File number				For office use only	/	
	Legal name of corporation			Trade name/DB	A					
			• -		Date received					
Mailing name and address	Mailing name (if different from legal na	me) and address		State or country of incorporation						
nal	c/o Number and street or PO box					Date of incorporation				
ad										
lail	City	State			orations: date began					
2 0				business in NYS Audit use						
		tification number, address, or owner/of			Business tele	ephone numb	er			
check b		nly your address has changed, you may or from our Web site. See <i>Need help</i> ?			()					
NAICS	business code number (see instructions)	Principal business activity								
Name	of parent corporation				Emp	loyer identi	fication number of pa	arent corporatio	n	
	politan transportation bu	•	• •	or 10000 pr	onorty or	maintai	on office in the	_		
	ing the tax year did you do ropolitan Commuter Trans			-					Yes N	
-	corporation that files Form									
Com	putation of the issuer's	allocation percen	tage —	Complete	Method	I, II, or l	II (see instructi	ons, Form C	CT-32-A/C-I)	
		s income B				. \$				
Metho	od III — Computation of s	subsidiary capital all	located to	o New Yorl	< State					
	А		В	С		D	E	F	G	
	Subsidiary corpor	ation	% of voting	Average value of	1° -	urrent bilities	Net average value	Issuer's allocation	Value allocated to New York State	
(atta	Name https://www.separate.sheet.if.necessary)	Employer identification number	stock owned	subsidiary capital	y attr to su	ibutable ubsidiary apital	(column C - column D		(column E × column I	
Amou	nts from attached list									
1 Te	otals					1				
Com	putation of business ca	anital allocated to	New Yor	k State						
	·	-								
	verage value of total asset							. 2		
3 Current liabilities4 Total net average value of subsidiary capital from line 1, co										
	et business assets (subtrac							. 5		
	Iternative entire net income								0	

7 Business assets allocated to New York State (multiply line 5 by line 6)

Со	mputation of issuer's allocation percentage			
8	Subsidiary capital and business capital allocated to New York State (add line 1, column G, and line 7)	8		_
9	Total worldwide capital (see instructions)	9		
10	Issuer's allocation percentage (divide line 8 by line 9)	10	1 %	5

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		
		ľ	Date paie	d	Amount		ľ	Date paie	d	Amount
11	Mandatory first installment	11					11			
12a	Second installment from Form CT-400	12a					12a			
12b	Third installment from Form CT-400	12b					12b			
12c	Fourth installment from Form CT-400	12c					12c			
13	Payment with extension form	13		_			13		_	
14	Overpayment credited from prior years (s	see ins	structions)	14					14	
15	Add Amount columns (enter here and inclu	de				(enter her	re and i	nclude		
	on line 209 of Form CT-32-A)			15		on 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.

Sign	ature of elected officer or authorized person	Official title		Date
reparer only	Firm's name (or yours if self-employed)		ID number	Date
Paid pi use	Address	Signature of individual preparing th	is return	

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