

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 2002 or after. 2002 calendar-yr. filers, check box: Other filers enter tax period:

beginning

		Tax La	w — Arti	cle 32				ending			
Emp	loyer identification number	File number					For office use only				
	Legal name of corporation			Trade name/DBA							
0								Date received			
Mailing name	Mailing name (if different from legal nar		State or co	untry of incorporation							
	c/o										
ing	Number and street or PO box		Date of inc	corporation							
lail											
≥ ′	City	е	ZIP code			Foreign corporations: date began business in NYS					
	Dusiness in M							Audit use			
		tification number, address, or owner/of Iy your address has changed, you ma			siness telep	hone numb	er				
instruct		or from our Web site. See Need help?)						
NAIC	CS business code number (see instructions)	Principal business activity	1								
Nam	e of parent corporation				Emp	oloyer iden	tification number of	f parent corporat	ion		
	opolitan transportation bu						<i>.</i>				
	uring the tax year did you do									٦	
Me	etropolitan Commuter Transp	ortation District?						·····	Yes	No	
Ever	y corporation that files Form	CT-32-A/C must inclu	ude a fixe	ed minimum tax	c payme	ent of \$2	50 on Form C	T-32-A, Sche	dule A, line 8.		
Con	nputation of the issuer's	allocation percen	tage —	Complete Me	thod I	II, or I	II (see instruct	tions, Form C	T-32-A/C-I)		
	od I — Enter the alternative	-						,	,		
weu		Schedule E, Part II, lir						_		%	
Moth	nod II — A New York State g									/0	
weu		income									
	-	e B							///////////////////////////////////////	%	
	Divide line / by line	, D								/0	
Meth	nod III — Computation of s	subsidiary capital al	located t	to New York St	ate						
	A		В	С	C.	D irrent	E	F	G		
Subsidiary corporation			% of	Average		oilities	es Net average	Issuer's	Value allocated to		
	Name	Name Employer stoc		value of subsidiary		outable	value (column C - column L	allocation D) percentage	New York State (column E × column F		
(attach separate sheet if necessary) identification number		owned	capital		bsidiary pital		poroonago		,		
Amo	unts from attached list										
	Totals					1.					
Con	nputation of business ca	pital allocated to	New Yor	rk State							
2	Average value of total assets	s from Form CT-32-A/	B, Sched	lule D, line 69 .				2.			
3											
4	Total net average value of subsidiary capital from line 1, column E 4.										
	Net business assets (subtract lines 3 and 4 from line 2)								5.		
6											
7 Business assets allocated to New York State (multiply line 5 by line 6)											
Con	nputation of issuer's allo	ocation percentage	9								
8	Subsidiary capital and busin	ess capital allocated	to New Ye	ork State (add I	ine 1, co	olumn G,	and line 7)	8.			
	Total worldwide capital (see	· ·									
10	Issuer's allocation percentag	e (divide line 8 by line 9	9)					10.		%	

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					I	MTA	urcharge	
			Date pai	d	Amount]		Date paid	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 request	13.					13.				
14	Overpayment credited from prior years (see instructions)			14.					14.		
15	Add Amount columns (enter here and include					(enter her	e and i	nclude			
	on line 209 of Form CT-32-A)			15.		on line 9 of Form 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.

Signature of elected officer or authorized person				Date	
eparer only	Firm's name (or yours if self-employed)		ID number	Date	
Paid pi use	Address		Signature of individual preparing this return		

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