For calendar year or taxable period **1987**

beginning
ending

CT-3M/4M

New York State Department of Taxation and Finance

Metropolitan Transportation Business Tax Surcharge Report

All corporations required to file Form CT-3, CT-3A or CT-4 **must** complete this form.

For office use only

Attach Mailing Label Here →	Employer identification number	File number	*Date received*
	Name		
	Number	Street	
	City or town	State / ZIP code	

Does the above-named corporation (or if filing on a combined basis, any corporation included in the combined group) do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District, which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

☐ Yes ☐ No

If you answered yes, complete this form and pay the tax surcharge. If you answered no, you do not need to complete Schedules N or O. However, this form must be signed by an officer and returned to: **Processing Unit, P. O. Box 1909, Albany, NY 12201-1909.**

A. Payment — Pay amount on line 9. Make check payable to New York State Corporation Tax	Payment enclosed $

Schedule N — Computation of Tax Surcharge

1	Net New York State franchise tax from Form CT-3, CT-3A or CT-4	1	
2	MCTD Allocation percentage from Schedule O, line 15	2	%
3	Allocated tax *(multiply line 1 by line 2)*	3	
4	**Tax Surcharge** *(multiply line 3 by 17%)*	4	
5	Prepayments (a) Payment with CT-5		
	(b) Credit transferred from Form CT- PERIOD		
	Total prepayments claimed *(add lines 5a and 5b)*	5	
6	Balance *(subtract line 5 from line 4)*	6	
7	Interest	7	
8	Additional charges	8	
9	**Balance due** *(add lines 6, 7, and 8)* enter payment on line A	9	
10	Overpayment *(subtract line 4 from line 5)*		
	a. Refund of overpayment	10a	
	b. Credit to New York State franchise tax Form CT- PERIOD	10b	

Certification by an Elected Officer of the Corporation

I hereby certify that this report and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of preparer or name of firm	Preparer's address

SCHEDULE O — Computation of MCTD Allocation Percentage

		Column A - MCTD	Column B - N.Y. STATE
11. Average value of: *(Value property owned by same method as Schedule B, Form CT-3-ATT)*			
(a) Real estate owned	11a		
(b) Real estate rented *(attach list)*	b		
(c) Inventories owned	c		
(d) Other tangible personal property owned	d		
(e) Tangible personal property rented	e		
(f) Total	f		
(g) Percentage in MCTD *(divide Column A total by Column B total)*	g		%
12 Receipts, in the regular course of business, from:			
(a) Sales of tangible personal property shipped to points within MCTD	12a		
(b) All sales of tangible personal property	b		
(c) Services performed	c		
(d) Rentals of property	d		
(e) Royalties	e		
(f) Other business receipts	f		
(g) Total	g		
(h) Percentage in MCTD *(divide Column A by Column B total)*	h		%
13 (a) Wages, salaries, and other compensation of employees, except general executive officers	13a		
(b) Percentage in MCTD *(divide Column A by Column B)*	b		%
14 Total of MCTD percentages shown on lines 11(g), 12(h) and 13(b)	14		%
15 MCTD Allocation Percentage *(divide line 14 by 3 or by the number of percentages)*	15		%

Instructions

Who Must File

All corporations taxable under Article 9-A of the Tax Law must file this form. This includes taxpayers who file Forms CT-3, CT-3A or CT-4.

Corporations filing on a combined basis are required to file only one report for the combined group. Combined figures, as shown on your CT-3A, should be used in completing this form.

Who Must Pay this Tax Surcharge

Every corporation taxable under Article 9-A that is doing business, employing capital, owning or leasing property or maintaining an office in the Metropolitan Commuter Transportation District must pay a business tax surcharge. The MCTD includes the counties of New York, Bronx, Queens, Kings, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

A corporation is not subject to this business tax surcharge if (1) its activities are limited to solicitation of orders by the corporation's representatives or independent contractors for sales of tangible personal property, (2) the orders are sent outside the district for approval or rejection, and, (3) the orders, if approved, are filled by shipment or delivery from a point outside the district.

Tax Rate

The tax rate is 17% for calendar year 1987 or fiscal year ending in 1988.

The surcharge rate is applied to the portion of tax, after deduction of any credits, imposed under Section 209 attributable to the taxpayer's business activity carried on within the MCTD.

The Metropolitan Transportation Business Tax Surcharge applies to taxable years beginning on or after January 1, 1982, but ending before December 31, 1990. The MTB tax surcharge shall not be imposed upon any taxpayer for more than 96 months.

When to File

File this report two and one-half months after the close of the reporting period.

Payment of Tax Surcharge

The entire tax surcharge must be paid on or before the original due date of the report.

Extension of Time for Filing Tax Surcharge Report

File a request for an extension of time to file a tax surcharge report on Form CT-5, on or before the due date of the report, for the taxable period for which the extension is requested.

Requirements for a valid extension for all MTB tax surcharge reports are:

a. A separate application for extension, along with any estimated tax surcharge payments that may be due, must be filed on or before the due date of the report for the taxable period for which this extension is requested,

and

b. The total tax surcharge payment for the period for which this extension is requested must equal or exceed 90% of the tax surcharge as finally determined.

Specific Instructions

All corporations that file Form CT-3, CT-3A or CT-4, must answer yes or no to the question preceding Schedule N. **Corporations not doing business in the Metropolitan Commuter Transportation District must disclaim liability for the tax surcharge by answering "no."**

Schedule N — Computation of Tax Surcharge

Line 1. Enter your net franchise tax from your corporation franchise tax report:
- Form CT-3, line 52
- Form CT-3A, Schedule H, line 13
- Form CT-4, line 19

Line 2. Complete Schedule O and enter your MCTD allocation percentage from line 15.

Line 5a. Enter any payment made with Form CT-5, *Application for Six-Month Extension.*

Line 5b. You can apply an overpayment of franchise tax, made on your New York State franchise tax report to pay this tax surcharge. Enter on this line the form number, period in which the overpayment occurred (month and year), and amount to be applied. On the overpayment line of your New York State franchise tax report indicate the amount of money to be applied to the MTB tax surcharge.

Lines 7 and 8. Interest and additional charges — See Forms Booklet CT-3-P, formerly CT-2, for instructions.

Schedule O — Computation of MCTD allocation percentage.

The MCTD allocation is determined by averaging the percentages of the corporation's property, receipts and wages that apply to the Metropolitan Commuter Transportation District.

- A corporation that does all of its New York State business within the 12 counties of the MCTD can enter 100% on line 15 and on line 2 of Schedule N.
- A corporation that does part of its business outside of the MCTD but not outside of New York State must compute its MCTD allocation by completing this schedule. For detailed instructions, refer to the instructions for Schedule B, Form CT-3-ATT, found in your Corporation Franchise Tax Forms Booklet CT-3-P. When reading Schedule B instructions, substitute "New York State" for "Everywhere" and "MCTD" for "New York State."
- A corporation that claimed a business allocation percentage by completing Schedule B, Form CT-3-ATT must enter in Schedule O, Column B the New York State figures from Column A of Schedule B. The same instructions for Form CT-3-ATT, Schedule B apply, except you must substitute "New York State" for "Everywhere" and "MCTD" for "New York State."

Mail this report with any payment due to:

NYS Corporation Tax
Processing Unit
P. O. Box 1909
Albany, N. Y. 12201-1909