New York State Department of Taxation and Finance

1994

CT-32-A Banking Corporation Combined Franchise Tax Return

Tax Law — Article 32

For calendar year 1994 or tax period:
beginning
ending

Employer identification number	File number	If address on return is new, check box (see instructions).	For office use only
Mailing Name and Address: Taxpayer's business name			
Business name at location below (if different from business name above) c/o	PLACE LABEL HERE	If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions).	Date received
Street or P O Box			
City	State ZIP code		
☐ Check box if refund claimed	Business Telephone number ( )	Business activity code (from federal return)	Audit use only

Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? ☐ Yes ☐ No If you answer *Yes*, you must file Form CT-32-M.

Complete Form CT-32 for each member of the combined group and one Form CT-32-B for the entire group. File them with this return. See Form CT-32-A-I, Instructions for Form CT-32-A.

A. Payment — pay amount shown on line 19. Make check payable to: ***New York State Corporation Tax*** Payment enclosed
← · · · · · · · Attach your payment here.

Schedule I — Computation of Combined Tax and Payment of Estimated Tax

1	Allocated combined entire net income from line 64	x .09	1	•
2	Allocated combined alternative entire net income from line 68	x .03	2	•
3	Allocated combined taxable assets from line 72	x .0001	3	•
4	Fixed minimum tax for parent corporation only		4	250 00
5	Combined franchise tax *(amount from line 1, 2, 3 or 4, whichever is largest)*		5	•
6	Tax credits: Check forms filed and attach forms • ☐ CT-43 • ☐ CT-45 ☐ DTF-601 ☐ DTF-601.1 ☐ DTF-602 ☐ Servicing Mortgages *(enter amount)* •		6	
7	Net franchise tax *(subtract line 6 from line 5)*		7	•
8	Combined fixed minimum tax for subsidiaries *(number of taxable subsidiaries _____ x $250)*		8	•
9	Total combined franchise tax *(add lines 7 and 8)*		9	
10	State tax surcharge rate • % *(see instructions; multiply line 9 by rate)*		10	
11	Total combined franchise tax and state tax surcharge *(add lines 9 and 10)*		11	
	First installment of estimated tax for next period:			
12a	If application for extension was filed, enter amount from Form CT-5.3, line 5		12a	
12b	If Form CT-5.3 was not filed and the total of line 7 and line 10 is over $1,000, enter 25% of that total		12b	
13	Total *(add line 11 and line 12a or 12b)*		13	
14	Total prepayments from line 79		14	
15	Balance *(if line 14 is less than line 13, subtract line 14 from line 13)*		15	
16	Interest on late payment *(see instructions)*		16	
17	Late filing and late payment penalties *(see instructions)*		17	
18	Penalty for underpayment of estimated tax *(check box if Form CT-222 is attached ☐ if none, enter "0")*		18	
19	Balance due *(add lines 15 through 18 — enter payment on line A above)*		19	
20	Overpayment *(if line 13 is less than line 14, subtract line 13 from line 14)*		20	
21	Amount of overpayment to be credited to next period		21	
22	Balance of overpayment *(subtract line 21 from line 20)*		22	
23	Amount of overpayment to be credited to Form CT-32-M		23	
24	Refund *(subtract line 23 from line 22; check refund box above)*		24	

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

Paid Preparer Use Only			
Firm's name *(or yours if self-employed)*		ID number	Date
Address		Signature of individual preparing this return	

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, P O BOX 1909, ALBANY NY 12201-1909**

			Parent

Schedule J — Computation of Combined Allocation Percentages (Parts, I, II and III)

Part I — Computation of Combined Entire Net Income (ENI) Allocation Percentage:

26	New York wages from Form CT-32, Schedule H, Part I, line 110, column A	26	
27	Multiply line 26, column C, by 80% (.8)	27	
28	Total wages from Form CT-32, Schedule H, Part I, line 110, column B	28	
29	Combined wage factor *(divide line 27, column C, by line 28, column C)*	29	
30	New York receipts from Form CT-32, Schedule H, Part I, line 124, column A	30	
31	Total receipts from Form CT-32, Schedule H, Part I, line 124, column B	31	
32	Combined receipts factor *(divide line 30, column C, by line 31, column C)*	32	
33	Additional combined receipts factor *(enter factor from line 32, column C)*	33	
34	Deposits maintained at New York branches from Form CT-32, Schedule H, Part I, line 129, column A	34	
35	Total deposits from Form CT-32, Schedule H, Part I, line 129, column B	35	
36	Combined deposits factor *(divide line 34, column C, by line 35, column C)*	36	
37	Additional combined deposits factor *(enter factor from line 36, column C)*	37	
38	Total factors *(add lines 29, 32, 33, 36 and 37, column C)*	38	
39	Combined ENI allocation percentage *(divide line 38, column C, by five or by the number of factors)*	39	

Part II — Computation of Combined Alternative Entire Net Income (AENI) Allocation Percentage:

40	New York wages from Form CT-32, Schedule H, Part II, line 134, column A	40	
41	Total wages from Form CT-32, Schedule H, Part II, line 134, column B	41	
42	Combined wage factor *(divide line 40, column C, by line 41, column C)*	42	
43	Combined receipts factor from line 32, column C	43	
44	Combined deposits factor from line 36, column C	44	
45	Total factors *(add lines 42, 43 and 44, column C)*	45	
46	Combined AENI allocation percentage *(divide line 45, column C, by three or by the number of factors)*	46	

Part III — Computation of Combined Taxable Assets Allocation Percentage:

47	New York wages from Form CT-32, Schedule H, Part III, line 140, column A	47	
48	Multiply line 47, column C, by 80% (.8)	48	
49	Total wages from Form CT-32, Schedule H, Part III, line 140, column B	49	
50	Combined wage factor *(divide line 48, column C, by line 49, column C*	50	
51	New York receipts from Form CT-32, Schedule H, Part III, line 154, column A	51	
52	Total receipts from Form CT-32, Schedule H, Part III, line 154, column B	52	
53	Receipts factor *(divide line 51, column C, by line 52, column C)*	53	
54	Additional receipts factor *(enter factor from line 53, column C)*	54	
55	Deposits maintained at New York branches from Form CT-32, Schedule H, Part III, line 159, column A	55	
56	Total deposits from Form CT-32, Schedule H, Part III, line 159, column B	56	
57	Deposits factor *(divide line 55, column C, by line 56, column C)*	57	
58	Additional deposits factor *(enter factor from line 57, column C)*	58	
59	Total percentages *(add lines 50, 53, 54, 57 and 58, column C)*	59	
60	Combined taxable assets allocation percentage *(divide line 59, column C, by five or by the number of percentages)*	60	

Schedule K — Computation of Allocated Combined Taxable Entire Net Income

61	Entire net income from Form CT-32, Schedule B, line 60	61	
62	Allocated combined entire net income *(multiply line 61, column C, by line 39, column C)*	62	
63	Optional depreciation adjustment from Form CT-32, Schedule B, line 62	63	
64	Allocated combined taxable entire net income *(line 62, column C, plus or minus line 63, column C)*	64	

Schedule L — Computation of Allocated Combined Taxable Alternative Entire Net Income

65	Alternative entire net income from Form CT-32, Schedule C, line 68	65	
66	Allocated combined alternative entire net income *(multiply line 65, column C, by line 46, column C)*	66	
67	Optional depreciation adjustment from Form CT-32, Schedule C, line 70	67	
68	Allocated combined taxable alternative entire net income *(line 66, column C, plus or minus line 67, column C)*	68	

Schedule M — Computation of Allocated Combined Taxable Assets

69	Average value of total assets from Form CT-32, Schedule D, line 72	69	
70	Amount received from F.D.I.C. or F.S.L.I.C. from Form CT-32, Schedule D, line 73	70	
71	Combined taxable assets *(subtract line 70, column C, from line 69, column C)*	71	
72	Allocated combined taxable assets *(multiply line 71, column C, by line 60, column C)*	72	
73	Parent's issuers allocation percentage from Form CT-32, line 23	73	%

Subsidiary # 1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate Eliminations		C Combined Totals Column A Minus Column B
Schedule J							
Part I							
						26	
						27	
						28	
						29	%
						30	
						31	
						32	%
						33	%
						34	
						35	
						36	%
						37	%
						38	%
						39	%
Part II							
						40	
						41	
						42	%
						43	%
						44	%
						45	%
						46	%
Part III							
						47	
						48	
						49	
						50	%
						51	
						52	
						53	%
						54	%
						55	
						56	
						57	%
						58	%
						59	%
						60	%
Schedule K							
						61	
						62	
						63	
						64	
Schedule L							
						65	
						66	
						67	
						68	
Schedule M							
						69	
						70	
						71	
						72	
						73	

List complete names and employer identification numbers for all members of this combined group. (Attach additional pages if necessary.)

Name	Employer Identification Number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	

Composition of Prepayments Claimed on Schedule I, line 14

			Date Paid	Amount	Deposit Serial Number
74 Mandatory first installment	74				
75 CT-400 installments	75	1			
		2			
		3			
76 Payment with extension application — Form CT-5.3, line 8	76				
77 Credit from prior years			77		
78 Credit from Form CT-32-M			78		
79 Add lines 74 through 78 *(enter here and on line 14)*			79		