1995

CT-33-M

New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return

Tax Law — Article 33, Section 1505-a

1995 calendar yr. filers, check box ☐
Other filers enter tax period:
beginning
ending

Employer identification number	File number

Mailing Name and Address

Taxpayer's business name

Business name at location below *(if different from business name above)*

c/o

Street or P O Box

City | State | ZIP code

If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 *(see instructions)*. If no form is enclosed, call 1 800 462-8100 to request one. From areas outside New York State, call (518) 438-1073.

For office use only

Date received

Audit use

☐ Check box if refund claimed

Business telephone number ( )

State or country of incorporation

Date of inc. /

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-33.

A. Payment — pay amount shown on line 22. Make check payable to: ***New York State Corporation Tax***
Attach your payment here. — Payment enclosed

Computation of MCTD Allocation Percentage (See Form CT-33-M-I for assistance.)

1	Net New York State premiums *(from Form CT-33, line 39, or CT-33-A, line 34)*	1	
2	MCTD premiums included on line 1	2	
3	MCTD premium percentage *(divide line 2 by line 1)*	3	%
4	Weighted MCTD premium percentage *(multiply line 3 by nine)*	4	%
5	New York State wages *(from Form CT-33, line 43, or CT-33-A, line 38)*	5	
6	MCTD wages included on line 5	6	
7	MCTD wage percentage *(divide line 6 by line 5)*	7	%
8	Total MCTD percentages *(add lines 4 and 7)*	8	%
9	MCTD allocation percentage *(divide line 8 by ten)*	9	%

Computation of MTA Surcharge

10	Net New York State franchise tax *(from Form CT-33, line 13, or CT-33-A, line 16)*	10	
11	Allocated tax *(multiply line 10 by line 9)*	11	
12	**MTA surcharge** *(multiply line 11 by 17% (.17))*	12	
13	MTA surcharge retaliatory tax credit *(see instructions)*	13	
14	Total *(subtract line 13 from line 12)*	14	
15a	If a request for extension was filed, enter MTA surcharge *(from Form CT-5, line 9, or Form CT-5.3, line 10)*	15a	
15b	If Form CT-5 or Form CT-5.3 was not filed see instructions	15b	
16	Add lines 14 and 15a or 15b	16	
17	Total prepayments *(from line 45)*	17	
18	Balance *(if line 17 is less than line 16, subtract line 17 from line 16)*	18	
19	Penalty for underpayment of estimated MTA surcharge *(check box if Form CT-222 is attached ☐; if none, enter "0")*	19	
20	Interest on late payment *(see instructions)*	20	
21	Late filing and late payment penalties *(see instructions)*	21	
22	**Balance due** *(add lines 18 through 21; enter payment on line A above)*	22	
23	Overpayment *(if line 16 is less than line 17, subtract line 16 from line 17)*	23	
24	Amount of overpayment to be credited to New York State franchise tax	24	
25	Amount of overpayment to be credited to next year MTA surcharge	25	
26	Amount of overpayment to be refunded *(subtract lines 24 and 25 from line 23; check refund box above)*	26	
27	Amount of MTA surcharge retaliatory tax credit to be refunded *(enter from line 38)*	27	
28	Total refund claimed *(add lines 26 and 27; check refund box above)*	28	

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, PO BOX 1909, ALBANY NY 12201-1909**

See Back for Claim for Refund

Claim for Refund of MTA Surcharge Retaliatory Tax Credit

		Column A 1990	Column B 1991	Column C 1992	Column D 1993	Column E 1994
29 MTA surcharge payable	29					
30 MTA surcharge retaliatory tax credit previously allowed *(see instructions)*	30					
31 Balance *(subtract line 30 from line 29; if less than zero, enter "0")*	31					
32 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1990 MTA surcharge *(may not exceed line 31, Column A)*	32					
33 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1991 MTA surcharge *(may not exceed line 31, Column B)*	33					
34 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1992 MTA surcharge *(may not exceed line 31, Column C)*	34					
35 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1993 MTA surcharge *(may not exceed line 31, Column D)*	35					
36 Ninety percent (.90) of retaliatory taxes paid this year attributable to the 1994 MTA surcharge *(may not exceed line 31, Column E)*	36					
37 Total MTA surcharge retaliatory tax credits allowed to date *(see instructions)*	37					
38 Total credits *(add lines 32 through 36; enter here and on line 27)*	38					

Composition of Prepayments Claimed on line 17

			Date Paid	Amount
39 Mandatory first installment	39			
40 CT-400 installments	40	(1)		
		(2)		
		(3)		
41 Payment with extension application, Form CT-5, line 12 or Form CT-5.3, line 13	41			
42 Credit from prior years	42			
43 Add lines 39 through 42	43			
44 Credit from Form CT-33	44	Period		
45 Total prepayments *(add lines 43 and 44; enter here and on line 17)*	45			

Need Help?

For forms or publications, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. For information, you can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information and assistance numbers listed above.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling 1 800 634-2110 toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.