New York State Department of Taxation and Finance

1995

CT-3M/4M General Business Corporation MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

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

☐ Check box if refund claimed	Principal business activity	State or country of incorporation	Date of inc.	Foreign corporations: date began business in NYS
			/	

If you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (see instructions for counties), 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-3, CT-3-A or CT-4.

A. Payment — pay amount shown on line 12. Make check payable to: ***New York State Corporation Tax*** Payment enclosed
← · · · · · · · Attach your payment here.

Computation of Tax Surcharge

1	Net New York State franchise tax from Form CT-3, CT-3-A or CT-4	1	
2	MCTD allocation percentage from line 35 **or** line 43	2	%
3	Allocated franchise tax *(multiply line 1 by line 2)*	3	
4	MTA surcharge *(multiply line 3 by 17% (.17))*	4	
First installment of estimated tax for next period: 5a	If request for extension was filed, enter amount from Form CT-5, line 9 or CT-5.3, line 10	5a	
5b	If Form CT-5 or CT-5.3 was not filed, see instructions	5b	
6	Add line 4 and line 5a or 5b	6	
7	Total prepayments from line 50	7	
8	Balance *(if line 7 is less than line 6, subtract line 7 from line 6)*	8	
9	Penalty for underpayment of estimated MTA surcharge *(check box if Form CT-222 is attached ☐ if none, enter "0")*	9	
10	Interest on late payment *(see instructions for Form CT-3, CT-3-A or CT-4)*	10	
11	Late filing and late payment penalties *(see instructions for Form CT-3, CT-3-A or CT-4)*	11	
12	Balance due *(add lines 8 through 11; enter payment on line A above)*	12	
13	Overpayment *(if line 6 is less than line 7, subtract line 6 from line 7)*	13	
14	Amount of overpayment to be refunded *(check refund box above line A)*	14	
15	Amount of overpayment to be credited to New York State franchise tax	15	
16	Amount of overpayment to be credited to MTA surcharge for next period	16	

Schedule A, Part I

Computation of MCTD Allocation Percentage

	Average value of: *(see instructions)*		Column A - MCTD	Column B - New York State		
17	Real estate owned	17				
18	Real estate rented	18				
19	Inventories owned	19				
20	Tangible personal property owned	20				
21	Tangible personal property rented	21				
22	Total *(add lines 17 through 21)*	22				
23	MCTD property factor *(divide line 22, Column A, by line 22, Column B)*				23	%
	Receipts in the regular course of business from:					
24	Sales of tangible personal property shipped to points within MCTD	24				
25	All sales of tangible personal property	25				
26	Services performed	26				
27	Rentals of property	27				
28	Royalties	28				
29	Other business receipts	29				
30	Total *(add lines 24 through 29)*	30				
31	MCTD receipts factor *(divide line 30, Column A, by line 30, Column B)*				31	%
32	Wages and other compensation of employees except general executive officers	32				
33	MCTD payroll factor *(divide line 32, Column A, by line 32, Column B)*				33	%
34	Total MCTD factors *(add lines 23, 31 and 33)*				34	%
35	MCTD allocation percentage *(divide line 34 by three or by the number of factors; enter here and on line 2)*				35	%

Schedule A, Part II — MCTD Allocation — Aviation corporations only		Column A MCTD	Column B New York State		
36 Revenue aircraft arrivals and departures	36				
37 MCTD percentage *(divide line 36, Column A, by line 36, Column B)*				37	%
38 Revenue tons handled	38				
39 MCTD percentage *(divide line 38, Column A, by line 38, Column B)*				39	%
40 Originating revenue	40				
41 MCTD percentage *(divide line 40, Column A, by line 40, Column B)*				41	%
42 Total *(add lines 37, 39 and 41)*				42	%
43 MCTD allocation percentage *(divide line 42 by three - enter here and on line 2)*				43	%

Composition of Prepayments on Line 7

			Date Paid	Amount
44 Mandatory first installment	44			
45 CT-400 installments	45	1		
		2		
		3		
46 Payment with extension request, Form CT-5, line 12 or Form CT-5.3, line 13	46			
47 Credit from prior years			47	
48 Add lines 44 through 47			48	
49 Credit from Form CT-_____ Period			49	
50 Total prepayments *(add lines 48 and 49; enter here and on line 7)*			50	

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**

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.