

CT-3M/4M

New York State Department of Taxation and Finance

Metropolitan Transportation Business Tax Surcharge Report

Article 9-A, Section 209-B

For calendar year **1986**
 or taxable period
 beginning _____
 ending _____

	<i>Official use only</i>	
Attach Mailing Label Here →	Employer identification number	File number
	Name	
Mail to: Processing Unit P.O. Box 1909 Albany, N.Y. 12201	Number	Street
	City or town	State ZIP code
		<i>Date received</i>

ALL corporations required to file Forms CT-3, CT-3A or CT-4 MUST complete this form.

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, it is not necessary 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**

Pay amount shown on line 9, Schedule N. Make Check payable to: NYS Corporation Tax	PAYMENT	
	\$	•

SCHEDULE N – Computation of Tax Surcharge

1. Net New York State franchise tax from Form CT-3, CT-3A or CT-4.....	1	\$		•
2. M.C.T.D. 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-.....		\$		•
Total Prepayments claimed.....	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)	9	\$		•
10. Overpayment - (subtract line 4 from line 5)				
a. Refund of overpayment.....	10a	\$		•
b. Credit to New York State franchise tax CT-.....	10b	\$		•

CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief a true, correct and complete report.

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

SCHEDULE O — Computation of M.C.T.D. Allocation Percentage	COLUMN A - M.C.T.D.	COLUMN B - N.Y. STATE
11. Average value of: <i>(Value property owned by same method as Sch.G, Form CT-3)</i>		
(a) Real estate owned.....		
(b) Real estate rented <i>(attach rider)</i>		
(c) Inventories owned.....		
(d) Other tangible personal property owned.....		
(e) Total.....	\$	\$
(f) Percentage in M.C.T.D. <i>(Divide Column A total by Column B total)</i>		%
12. Receipts, in the regular course of business, from:		
(a) Sales of tangible personal property shipped to points within M.C.T.D.....		
(b) All sales of tangible personal property.....		
(c) Services performed.....		
(d) Rentals of property.....		
(e) Royalties.....		
(f) Other business receipts.....		
(g) Total.....	\$	\$
(h) Percentage in M.C.T.D. <i>(Divide Column A total by Column B total)</i>		%
13. Wages, salaries, and other compensation of employees, except general executive officers.....	\$	\$
(a) Percentage in M.C.T.D. <i>(Divide Column A by Column B)</i>		%
14. Total of M.C.T.D. percentages shown on lines 11(f), 12(h) and 13(a).....		%
15. M.C.T.D. ALLOCATION PERCENTAGE <i>(divide line 14 by 3 or by the number of percentages)</i>		%

INSTRUCTIONS

Who Must File

All corporations taxable under Article 9-A of the Tax Law must file this form. This includes taxpayers that file Forms CT-3, CT-3A and 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-3-A, should be used in completing this form.

Who Must Pay the 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 M.C.T.D. 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 its activities are limited to solicitation of orders by the corporation's representatives or independent contractors for sales of tangible personal property, which orders are sent outside the district for approval or rejection, and, which if approved, are filled by shipment or delivery from a point outside the district.

Tax Rate

17% for calendar year 1986 or fiscal year ending in 1987

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 M.C.T.D.

When to File

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

A request for an extension of time to file a tax surcharge report must be filed 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 as follows:

- 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

322 e total tax surcharge payment for the period for which this extension requested must equal 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. It is essential that corporations not doing business in the Metropolitan Commuter Transportation District 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, Schedule A, Line 6c

Form CT-3A, Schedule H, Line 6e

Form CT-4, Schedule A, Line 19

Line 2. Complete Schedule O and enter your M.C.T.D. 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-2, for instructions.

Schedule O — Computation of M.C.T.D. allocation percentage.

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