



CT-33-M Metropolitan Transportation Business Tax Surcharge Return

Tax Law — Article 33, Section 1505-a

For calendar year 1990 or tax period:

beginning	
ending	

Employer identification number	File number	You must report changes to your name, EIN, address or owner/ officer information on Form DTF-95. Also, if address on return is new, check box. <input type="checkbox"/>	For office use only
Name			Date received
Number and street	City or town		State
State or country of incorporation	Date of incorporation	Business telephone number ()	Audit use

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 tax surcharge on Form CT-33.

A. Payment - pay amount shown on line 20 — Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of MCTD Allocation Percentage

1 Net New York State premiums (from Form CT-33, Schedule C, line 24(g), or CT-33-A, line 25)	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, Schedule C, line 28, or CT-33-A, line 29)	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 MTB Tax Surcharge

10 Net New York State franchise tax from Form CT-33, Schedule A, line 12a or CT-33-A, line 15a	10	
11 Allocated tax (multiply line 10 by line 9)	11	
12 MTB tax surcharge (multiply line 11 by 17% (.17))	12	
13 Retaliatory surcharge tax credit (the smaller of 90% of retaliatory taxes paid in 1990 attributable to 1990 MTB surcharge or the line 12 amount)	13	
14 Total (subtract line 13 from line 12)	14	
15 Prepayments (a) Payment with Forms CT-5 or CT-5.3	15a	
(b) Credit transferred from Form CT-	15b	Period
16 Total prepayments claimed (add lines 15a and 15b)	16	
17 Balance (if line 16 is less than line 14, subtract line 16 from line 14)	17	
18 Interest	18	
19 Additional charges	19	
20 Balance due (add lines 17, 18 and 19 — enter payment on line A above)	20	
21 Overpayment (if line 14 is less than line 16, subtract line 14 from line 16)	21	
22 Amount of overpayment to be refunded	22	
23 Amount of overpayment to be credited to New York State franchise tax . . . CT-	23	Period

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

Date	Signature of elected officer	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Mail to: NYS Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909

