

CT-33-M Metropolitan Transportation Business Tax (MTA Surcharge) Return and Claim for Refund of

	*/			rge Retaliatory Tax Cr		1	For calendar year 1992 or tax period:		
			iax Law — Aiticle 33	o, Section 1505-a					
						beginning	9	-	
			,			ending	g 🛮		
Empl	oyer identification number		File numb	per	If your name,	For office us	se only		
	<u> </u>				employer identification	on			
Name	-				number, address or owner/officer	Date receive	ed		
İ					information has				
Num	ber and street	City or town	State	ZIP code	changed file Form DTF-95 <i>(see</i>				
					instructions).				
Stat	e or country of incorporation		Date of incorporation	Business tel	ephone number	Audit use			
f voi	do business, employ ca	pital, own	or lease property, or mai	ntain an office in th	ne Metropolitan Co	ommuter T	ransportation Distr	rict (the	
coun	ties of New York, Bronx, K	(inas. Quee	ens, Richmond, Dutchess,	Nassau, Orange, P	utnam, Rockland,	Suffolk an	id Westchester), yo	ou must	
ile t	nis form. If not, you do n	ot have to	file this form. However, yo	ou must disclaim lia	ability for the MTA	surcharge	e on Form CT-33.		
	D	U	00 Make sheek payable	to New York Ctate	Corneration Tax	P	ayment enclosed		
Α.	Payment - pay amount sno	wn on line	22 — Make check payable	to: New York State	Corporation lax				
Com	putation of MCTD Alloc	ation Perc	entage						
1	Net New York State prer	niums (fron	n Form CT-33, line 39, or CT-	33-A, line 34)		<u>1</u>			
2	MCTD premiums include	ed on line	1			2		Ш.	
			line 2 by line 1)					%	
4			ige (multiply line 3 by nine)					%	
5			T-33, line 43, or CT-33-A, line						
6	MCTD wages included of	n line 5				6			
7			6 by line 5)					%	
			4 and 7)					%	
			line 8 by ten)			1 - 1-		%	
Com	putation of MTA Surcha	ırge							
10	Net New York State fran	chise tax f	rom Form CT-33, line 13 of	or CT-33-A, line 16.		10			
11	Allocated tax (multiply line	e 10 by line	9)			11			
	MTA surcharge (multiply								
	Retaliatory surcharge tax								
14	Total (subtract line 13 from	line 12)				14			
	If application for extensi								
15b	If Form CT-5 was not file	ed see insti	ructions			15b			
16	Add lines 14 and 15a or	16							
17	Total prepayments (from	line 45)				17			
			, subtract line 17 from line 1			18			
19	Interest (see instructions).	19	. ,						
20	Late filing and late payn	20							
21	Penalty for underpayme	r "0") 21							
22	Balance due (add lines	22							
23	Overpayment (if line 16 is	s less than l	ine 17, subtract line 16 from	line 17)		23			
24	Amount of overpayment	to be cred	lited to New York State fr	anchise tax		24			
	Amount of overpayment								
26	Amount of overpayment	26							
	Amount of MTA surchar								
28	Total refund claimed (ad	d lines 26 a	nd 27)		<u></u>	28			
Cert	ification. I certify that th	is return aı	nd any attachments are to	o the best of my kr	nowledge and beli	ef true, co	rrect and complet	e.	
Date)	Signature of	of elected officer or authorize	ed person	Official	title			
Date)	Signature of	of preparer or name of firm p	preparing this return	Prepare	r's address			

Claim for Refund of MTA Surcharge Retaliatory Tax Credit

		Column A 1988	Column B 1989	Column C 1990	Column D 1991	Column E 1992
29	MTA surcharge (from line 12)	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 1988 MTA surcharge (may not	32				
33	Ninety percent (.90) of retaliatory taxes paid this year attraction the 1989 MTA surcharge (may not exceed line 31, Column	ributable to 33				
34	Ninety percent (.90) of retaliatory taxes paid this year atti MTA surcharge (may not exceed line 31, Column C)					
35	Ninety percent (.90) of retaliatory taxes paid this year atti (may not exceed line 31, Column D)	ributable to the 1	991 MTA surch	arge 35		
36	Ninety percent (.90) of retaliatory taxes paid this year att	ributable to the	1992 MTA surch	arge (may not e	exceed	
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)	<u> </u>			
	mposition of Prepayments Claimed on line 17					
39	Mandatory first installment			Date	A	mount
40	CT-400 installments		(1) (2) (3)			
42	Payment with extension application, Form CT-5 Credit from prior years					
45	Total proportion and lines 42 and 44 anter here and on li					