



# CT-3M/4M

## General Business Corporation MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

For calendar year 1993  
or tax period:

beginning

ending

Employer identification number		File number		If your name, EIN, or owner/officer information has changed, you must file Form DTF-95, <b>Change of Business Information</b> . If no form is enclosed, call 1 800 462-8100 to request one. From areas outside New York State call (516) 438-1073.	For office use only	
Name					Date received	
Number and street						
City or town		State	ZIP code			
Business telephone number	State or country of incorporation	date	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.

<b>A. Payment - pay amount on line 12 — Make check payable to: <i>New York State Corporation Tax</i></b>	Payment enclosed
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**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	
5a	First installment of 5a If application for extension was filed, enter amount from Form CT-5, line 5	5a	
5b	estimated tax for next period: 5b If Form CT-5 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	Interest on late payment (see instructions)	9	
10	Late filing and late payment penalties (see instructions)	10	
11	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")	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	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		Column A - MCTD	Column B - New York State
<i>Average value of: (Value property owned by same method as Form CT-3, Sch. A)</i>			
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	Percentage in MCTD (divide line 22, Column A, by line 22, Column B)	23	%
<b>Receipts in the regular course of business from:</b>			
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	Percentage in MCTD (divide line 30, Column A, by line 30, Column B)	31	%
32	Wages and other compensation of employees except general executive officers	32	
33	Percentage in MCTD (divide line 32, Column A, by line 32, Column B)	33	%
34	Total of 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		
45 CT-400 installments	(1)	
	(2)	
	(3)	
46 Payment with extension application, Form CT-5		
47 Credit from prior years		
48 Add lines 44 through 47		
49 Credit from Form CT-	Period	
50 Total prepayments (add lines 48 and 49 - enter here and on line 7)		

**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 or authorized person	Official title
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, P O BOX 1909, ALBANY NY 12201-1909**

### Need Help?

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

**For information,** call the Business Tax Information Center toll free (from the continental U.S. only) 1 800 972-1233. 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 disabled persons, 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 our toll-free hotline 1 800 634-2110 (within New York State). Hours of operation are from 9:00 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.