



CT-3M/4M

New York State Department of Taxation and Finance

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 For office use only

Employer identification number, File number, Taxpayer's business name, Mailing Name and Address, 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 Attach your payment here.

Table with 16 rows for Computation of Tax Surcharge. Columns include line numbers, descriptions (e.g., Net New York State franchise tax, MCTD allocation percentage), and percentage values.

Schedule A, Part I

Table for Schedule A, Part I. Columns include Average value of, Receipts in the regular course of business from, and MCTD Allocation Percentage. Rows include Real estate owned, Tangible personal property owned, MCTD property factor, etc.

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 request, Form CT-5, line 12 or Form CT-5.3, line 13		
47	Credit from prior years		47
48	Add lines 44 through 47		48
49	Credit from Form CT- <input type="text"/> Period <input type="text"/>		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.