



# 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

1996 calendar yr. filers, check box   
Other filers enter tax period:

beginning

ending

Employer identification number		File number		If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside the U.S. and Canada, call (518) 485-6800.	For office use only
Mailing Name and Address	Taxpayer's business name				Date received
	Business name at location below (if different from business name above)				
	c/o Street or PO Box				
City			State	ZIP code	
Principal business activity		State or country of incorporation	Date of incorporation	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</b> — pay amount shown on line 12. Make check payable to: <b>New York State Corporation Tax</b> Attach your payment here.	Payment enclosed
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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	5a If request for extension was filed, enter amount from Form CT-5, line 9 or CT-5.3, line 10	5a	
5b	5b If Form CT-5, or CT-5.3 was not filed, see instructions	5b	
6	Add lines 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	Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")	9	
10	Interest on late payment (see instructions for Form CT-3, CT-3-A or CT-4)	10	
11	Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A or CT-4)	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 credited to New York State franchise tax	14	
15	Amount of overpayment to be credited to MTA surcharge for next period	15	
16	Amount of overpayment to be refunded	16	

### Schedule A, Part I

Average value of: (see instructions)		Column A - MCTD	Column B - New York State
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	MCTD property factor (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	MCTD receipts factor (divide line 30, Column A, by line 30, Column B)	31	%
32	Wages and other compensation of employees except general executive officers	32	
33	MCTD payroll factor (divide line 32, Column A, by line 32, Column B)	33	%
34	Total 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 Claimed on line 7**

		Date Paid	Amount
44	Mandatory first installment.....	44	
45	CT-400 installments.....	45 (1)	
		(2)	
		(3)	
46	Payment with extension request, Form CT-5, line 12 or Form CT-5.3, line 13 ...	46	
47	Credit from prior years.....	47	
48	Add lines 44 through 47.....	48	
49	Credit from Form CT- _____ <input type="text" value="Period"/>	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 information, forms or publications,** call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

**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 toll free from the U.S. and Canada 1 800 634-2110. 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.

**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 numbers listed above.

**If you need to write,** address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.