



# CT-32-A/C

New York State Department of Taxation and Finance

## Report by a Banking Corporation Included in a Combined Franchise Tax Return Tax Law — Article 32

Use this form for tax periods beginning in January 2000 or after. 2000 calendar-yr. filers, check box:  Other filers enter tax period:

beginning   
ending

Employer identification number		File number			For office use only
Mailing name and address	Legal name of corporation		Trade name/DBA		
	Mailing name (if different from legal name) and address			State or country of incorporation	
	c/o			Date of incorporation	
	Number and street or PO box			Foreign corporations: date began business in NYS	
	City		State	ZIP code	
If address above is new, check box (see instructions) <input type="checkbox"/>		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the telephone assistance numbers. See the <i>Need help?</i> section of the form or instructions.		Business telephone number ( )	
NAICS business code number (see instructions)		Principal business activity			
Name of parent corporation			Employer identification number of parent corporation		

### Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District?  Yes  No

Every corporation that files Form CT-32-A/C must include a fixed minimum tax payment of \$250 on Form CT-32-A, Schedule A, line 8.

### Computation of the issuer's allocation percentage — Complete Method I, II, or III (see instructions, Form CT-32-A/C-1)

**Method I** — Enter the alternative entire net income allocation percentage from the appropriate column on Form CT-32-A/B, Schedule E, Part II, line 121 .....  %

**Method II** — **A** New York State gross income ..... \$

**B** Worldwide gross income ..... \$

Divide line A by line B .....  %

### Method III — Computation of subsidiary capital allocated to New York State

A Subsidiary corporation		B % of voting stock owned	C Average value of subsidiary capital	D Current liabilities attributable to subsidiary capital	E Net average value <small>(column C - column D)</small>	F Issuer's allocation percentage	G Value allocated to New York State <small>(column E x column F)</small>
Name <small>(attach separate sheet if necessary)</small>	Employer identification number						
Amounts from attached list							
1 Totals .....					1		

### Computation of business capital allocated to New York State

2 Average value of total assets from Form CT-32-A/B, Schedule D, line 69 .....	2	
3 Current liabilities .....	3	
4 Total net average value of subsidiary capital from line 1, column E .....	4	
5 Net business assets <small>(subtract lines 3 and 4 from line 2)</small> .....	5	
6 Alternative entire net income allocation percentage from Form CT-32-A/B, Schedule E, Part II, line 121 .....	6	
7 Business assets allocated to New York State <small>(multiply line 5 by line 6)</small> .....	7	

### Computation of issuer's allocation percentage

8 Subsidiary capital and business capital allocated to New York State <small>(add line 1, column G, and line 7)</small> .....	8	
9 Total worldwide capital <small>(see instructions)</small> .....	9	
10 Issuer's allocation percentage <small>(divide line 8 by line 9)</small> .....	10	

**Composition of prepayments**

Member's prepayments to be credited and included on Form CT-32-A, *Banking Corporation Combined Franchise Tax Return*, and Form CT-32-M, *Banking Corporation MTA Surcharge Return*.

		Franchise tax					MTA surcharge		
		Date paid	Amount				Date paid	Amount	
11	Mandatory first installment .....	11			.....	11			
12a	CT-400 second installment .....	12a			.....	12a			
12b	CT-400 third installment .....	12b			.....	12b			
12c	CT-400 fourth installment .....	12c			.....	12c			
13	Payment with extension .....	13			.....	13			
14	Credit from prior years <i>(see instructions)</i> .....	14			.....	14			
15	Add amount columns <i>(enter here and include on line 209 of Form CT-32-A)</i> .....	15			<i>(enter here and include on line 9 of Form CT-32-M)</i> .....	15			

**Certification.** Under penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this report 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 <i>(or yours if self-employed)</i>	ID number	Date
	Address	Signature of individual preparing this return	

**Attach this report to the parent corporation's Form CT-32-A.**