



CT-33-M

Amended return

New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return

Tax Law — Article 33, Section 1505-a

2002 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. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section on back.	For office use only
Mailing name and address	Legal name of corporation			Date received
	Mailing name (if different from legal name) and address			Audit use
	c/o Number and street or PO box			
City		State	ZIP code	
<input type="checkbox"/> Check box if overpayment claimed	Business telephone number ()	State or country of incorporation	Date of incorporation	

If you do business, employ capital, own, or lease property, or maintain an office in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester), you must complete this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-33.

A. Payment — pay amount shown on line 22. Make check payable to: New York State Corporation Tax		Payment enclosed
Attach your payment here.		
Computation of MCTD allocation percentage	1 Net New York State premiums (from Form CT-33, line 37, or CT-33-A, line 42, column E)	1.
	2 MCTD premiums included on line 1	2.
	3 MCTD premium percentage (divide line 2 by line 1)	3.
	4 Weighted MCTD premium percentage (multiply line 3 by nine)	4.
	5 New York State wages (from Form CT-33, line 41, or CT-33-A, line 46, column E) ..	5.
	6 MCTD wages included on line 5	6.
	7 MCTD wage percentage (divide line 6 by line 5)	7.
	8 Total MCTD percentages (add lines 4 and 7)	8.
	9 MCTD allocation percentage (divide line 8 by ten)	9.
Computation of MTA surcharge	10 Net New York State franchise tax (see instructions)	10.
	11 Allocated tax (multiply line 10 by line 9)	11.
	12 MTA surcharge before MTA surcharge retaliatory tax credit (multiply line 11 by 17% (.17))	12.
	13 MTA surcharge retaliatory tax credit (see instructions)	13.
	14 Total MTA surcharge due (subtract line 13 from line 12)	14.
	15a If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 ...	15a.
	15b If you did not file Form CT-5 or Form CT-5.3, see instructions	15b.
	16 Total (add lines 14 and 15a or 15b)	16.
	17 Total prepayments (from line 45)	17.
	18 Balance (if line 17 is less than line 16, subtract line 17 from line 16)	18.
	19 Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") ...	19.
	20 Interest on late payment (see instructions)	20.
	21 Late filing and late payment penalties (see instructions)	21.
	22 Balance due (add lines 18 through 21; enter payment on line A above)	22.
	23 Overpayment (if line 16 is less than line 17, subtract line 16 from line 17)	23.
	24 Amount of overpayment to be credited to New York State franchise tax	24.
	25 Amount of overpayment to be credited to next year's MTA surcharge	25.
	26 Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23)	26.
	27 Amount of MTA surcharge retaliatory tax credit to be refunded (from line 38)	27.
28 Total refund claimed (add lines 26 and 27)	28.	

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 22038, ALBANY NY 12201-2038**

Also mail a copy to: THE NYS INSURANCE DEPARTMENT
AGENCY BUILDING 1
EMPIRE STATE PLAZA
ALBANY NY 12257

43201020094


Claim for refund of MTA surcharge retaliatory tax credit

	Column A 1997	Column B 1998	Column C 1999	Column D 2000	Column E 2001
29 MTA surcharge payable	29.				
30 MTA surcharge retaliatory tax credits previously allowed (see instructions)	30.				
31 Balance (subtract line 30 from line 29; if less than zero, enter "0")	31.				
32 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1997 MTA surcharge (may not exceed line 31, Column A)	32.				
33 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1998 MTA surcharge (may not exceed line 31, Column B)	33.				
34 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1999 MTA surcharge (may not exceed line 31, Column C)	34.				
35 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2000 MTA surcharge (may not exceed line 31, Column D)	35.				
36 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2001 MTA surcharge (may not exceed line 31, Column E)	36.				
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)	38.				


Composition of prepayments claimed on line 17


		Date paid	Amount
39 Mandatory first installment	39.		
40a Second installment from Form CT-400	40a.		
40b Third installment from Form CT-400	40b.		
40c Fourth installment from Form CT-400	40c.		
41 Payment with extension request, from Form CT-5, line 10, or Form CT-5.3, line 13	41.		
42 Overpayment credited from prior years	42.		
43 Add lines 39 through 42	43.		
44 Overpayment credited from Form CT-33 or CT-33-A <input type="text" value="Period"/>	44.		
45 Total prepayments (add lines 43 and 44; enter here and on line 17)	45.		


Need help?

 **Telephone assistance** is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.
 Business tax information: 1 800 972-1233
 Forms and publications: 1 800 462-8100
 From areas outside the U.S. and outside Canada: (518) 485-6800
 Fax-on-demand forms: 1 800 748-3676

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8 a.m. to 5:55 p.m., eastern time).

 **Internet access:** www.tax.state.ny.us

 **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 1 800 225-5829.

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