



New York State Department of Taxation and Finance
**General Business Corporation
 MTA Surcharge Return**
 Tax Law — Article 9-A, Section 209-B

2002 calendar-yr. filers, check box
 Other filers enter tax period:

beginning
 ending

Amended return

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation		Trade name/DBA	
	Mailing name (if different from legal name above) and address		State or country of incorporation	
	c/o Number and street or PO box		Date of incorporation	
	City	State	ZIP code	Foreign corporations: date began business in NYS
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 <i>Need help?</i> on the back.			Business telephone number ()	

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: <i>New York State Corporation Tax</i>	Payment enclosed
Attach your payment here.	

Computation of MTA surcharge	1 Net New York State franchise tax (see instructions)	1.	
	2 MCTD allocation percentage from line 35, line 43, or line 45	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 estimated tax for next period: If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a.	
	5b If you did not file Form CT-5 or CT-5.3, see instructions	5b.	
	6 Add lines 4 and line 5a or 5b	6.	
	7 Total prepayments from line 52	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.		

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
	Address		Signature of individual preparing this return

File with, but do not attach to, Form CT-3, CT-4, or CT-3-A. Use one of the following addresses to mail this return with your **Form CT-3** or **Form CT-3-A**:

With payment NYS CORPORATION TAX PROCESSING UNIT PO BOX 1909 ALBANY NY 12201-1909	Without payment NYS CORPORATION TAX PROCESSING UNIT PO BOX 22095 ALBANY NY 12201-2095
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Use one of the following addresses to mail this return with your **Form CT-4**:

With payment NYS CORPORATION TAX PROCESSING UNIT PO BOX 22093 ALBANY NY 12201-2093	Without payment NYS CORPORATION TAX PROCESSING UNIT PO BOX 22101 ALBANY NY 12201-2101
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Need help?

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

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

Schedule A, Part I — Computation of MCTD allocation percentage

Schedule A, Part I — MCTD allocation

Average value of property (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. %
Receipts in the regular course of business from:			
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	Payroll — 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. %

Schedule A, Part III — MCTD allocation — Trucking and railroad corporations only		Column A MCTD	Column B New York State
44	Revenue miles	44.	
45	MCTD allocation percentage (divide line 44, Column A, by line 44, Column B; enter here and on line 2)		45. %

Composition of prepayments claimed on line 7		Date paid	Amount
46	Mandatory first installment	46.	
47a	Second installment from Form CT-400	47a.	
47b	Third installment from Form CT-400	47b.	
47c	Fourth installment from Form CT-400	47c.	
48	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	48.	
49	Overpayment credited from prior years	49.	
50	Add lines 46 through 49	50.	
51	Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>	51.	
52	Total prepayments (add lines 50 and 51; enter here and on line 7)	52.	