



# CT-33-M

New York State Department of Taxation and Finance

## Insurance Corporation MTA Surcharge Return

2003 calendar-year filers check box:

Amended return

Other filers enter tax period: beginning  ending

Tax Law — Article 33, Section 1505-a

|   |             |   |   |   |
|---|-------------|---|---|---|
| Employer identification number                    | File number | Business telephone number<br>( )  | State or country of incorporation           | If you claim an overpayment, check box <input type="checkbox"/> |
| Legal name of corporation                         |             | Date of incorporation   | Date received (for Tax Department use only) |   |
| Mailing name (if different from legal name above) |             | 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 of the instructions. | Audit (for Tax Department use only)         |   |
| c/o   |             |   |   |   |
| Number and street or PO box                       |             |   |   |   |
| City  | State       | ZIP code  |   |   |

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD) (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-NL, Form CT-33, or Form CT-33-A.

|   |   |
|---|---|
| <b>A. Payment</b> — pay amount shown on line 22. Make check payable to: <b>New York State Corporation Tax</b> | Payment enclosed <input type="checkbox"/> |
| Attach your payment here.   |   |

### Non-life insurance corporations MCTD allocation percentage (see instructions)

|  |            |   |
|--|------------|---|
| <b>1a</b> New York State direct premiums (enter amounts from Form CT-33-NL, lines 34 and 35) ... | <b>1a.</b> |   |
| <b>1b</b> MCTD premiums included on line 1a (see instructions) .....                             | <b>1b.</b> |   |
| <b>2</b> Non-life insurance MCTD allocation percentage (divide line 1b by line 1a) .....         | <b>2.</b>  | % |

### Life insurance corporations MCTD allocation percentage (see instructions)

|   |            |   |
|---|------------|---|
| <b>3a</b> Net New York State premiums (from Form CT-33, line 37, or CT-33-A, line 40, column E) ...                           | <b>3a.</b> |   |
| <b>3b</b> MCTD premiums included on line 3a (see instructions) .....  | <b>3b.</b> |   |
| <b>4</b> MCTD premium percentage (divide line 3b by line 3a) .....  | <b>4.</b>  | % |
| <b>5</b> Weighted MCTD premium percentage (multiply line 4 by nine) .....   | <b>5.</b>  | % |
| <b>6a</b> New York State wages (from Form CT-33, line 41, or CT-33-A, line 44, column E) ...                                  | <b>6a.</b> |   |
| <b>6b</b> MCTD wages included on line 6a (see instructions) .....   | <b>6b.</b> |   |
| <b>7</b> MCTD wage percentage (divide line 6b by line 6a) .....   | <b>7.</b>  | % |
| <b>8</b> Total MCTD percentages (add lines 5 and 7) .....   | <b>8.</b>  | % |
| <b>9</b> Life insurance MCTD allocation percentage (divide line 8 by ten; if line 4 or line 7 is "0," see instructions) ..... | <b>9.</b>  | % |

Computation of MCTD allocation percentage

|   |             |  |
|---|-------------|--|
| <b>10</b> Net New York State franchise tax (from Form CT-33-NL, line 7; Form CT-33 and Form CT-33-A filers see instructions) ...                        | <b>10.</b>  |  |
| <b>11</b> Allocated tax (Form CT-33-NL filers multiply line 10 by line 2; Form CT-33 and Form CT-33-A filers multiply line 10 by line 9) .....          | <b>11.</b>  |  |
| <b>12</b> MTA surcharge before MTA surcharge retaliatory tax credit (multiply line 11 by 17% (.17)) .....   | <b>12.</b>  |  |
| <b>13</b> MTA surcharge retaliatory tax credit (see instructions) .....   | <b>13.</b>  |  |
| <b>14</b> Total MTA surcharge due (subtract line 13 from line 12) .....   | <b>14.</b>  |  |
| <b>15a</b> If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 ...                                       | <b>15a.</b> |  |
| <b>15b</b> If you did not file Form CT-5 or Form CT-5.3, see instructions .....   | <b>15b.</b> |  |
| <b>16</b> Total (add lines 14 and 15a or 15b) .....   | <b>16.</b>  |  |
| <b>17</b> Total prepayments (from line 45) .....  | <b>17.</b>  |  |
| <b>18</b> Balance (if line 17 is less than line 16, subtract line 17 from line 16) .....  | <b>18.</b>  |  |
| <b>19</b> Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") .... | <b>19.</b>  |  |
| <b>20</b> Interest on late payment (see instructions) .....   | <b>20.</b>  |  |
| <b>21</b> Late filing and late payment penalties (see instructions) .....   | <b>21.</b>  |  |
| <b>22</b> Balance due (add lines 18 through 21; enter payment on line A above) .....  | <b>22.</b>  |  |
| <b>23</b> Overpayment (if line 16 is less than line 17, subtract line 16 from line 17) .....  | <b>23.</b>  |  |
| <b>24</b> Amount of overpayment to be credited to New York State franchise tax .....  | <b>24.</b>  |  |
| <b>25</b> Amount of overpayment to be credited to next year's MTA surcharge .....   | <b>25.</b>  |  |
| <b>26</b> Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23) .....  | <b>26.</b>  |  |
| <b>27</b> Amount of MTA surcharge retaliatory tax credit to be refunded (from line 38) .....  | <b>27.</b>  |  |
| <b>28</b> Total refund claimed (add lines 26 and 27) .....  | <b>28.</b>  |  |

Computation of MTA surcharge

**Claim for refund of MTA surcharge retaliatory tax credit (see instructions)**

|   | Column A<br>1998 | Column B<br>1999 | Column C<br>2000 | Column D<br>2001 | Column E<br>2002 |
|---|------------------|------------------|------------------|------------------|------------------|
| <b>For tax years before 1998, attach separate computation</b>   |                  |                  |                  |                  |                  |
| <b>29</b> MTA surcharge payable .....   | <b>29.</b>       |                  |                  |                  |                  |
| <b>30</b> MTA surcharge retaliatory tax credits previously allowed (see instructions) .....   | <b>30.</b>       |                  |                  |                  |                  |
| <b>31</b> Balance (subtract line 30 from line 29; if less than zero, enter "0") .....   | <b>31.</b>       |                  |                  |                  |                  |
| <b>32</b> Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1998 MTA surcharge (may not exceed line 31, Column A) ..... | <b>32.</b>       |                  |                  |                  |                  |
| <b>33</b> Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1999 MTA surcharge (may not exceed line 31, Column B) ..... |                  | <b>33.</b>       |                  |                  |                  |
| <b>34</b> Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2000 MTA surcharge (may not exceed line 31, Column C) ..... |                  |                  | <b>34.</b>       |                  |                  |
| <b>35</b> Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2001 MTA surcharge (may not exceed line 31, Column D) ..... |                  |                  |                  | <b>35.</b>       |                  |
| <b>36</b> Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2002 MTA surcharge (may not exceed line 31, Column E) ..... |                  |                  |                  |                  | <b>36.</b>       |
| <b>37</b> Total MTA surcharge retaliatory tax credits allowed to date (see instructions) .....  | <b>37.</b>       |                  |                  |                  |                  |
| <b>38</b> Total credits (add lines 32 through 36; enter here and on line 27) .....  |                  |                  |                  | <b>38.</b>       |                  |

**Composition of prepayments claimed on line 17 (see instructions)**

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

**Certification.** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

|                                |   |   |      |
|--------------------------------|---|---|------|
| Signature of 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 NEW YORK STATE INSURANCE DEPARTMENT  
AGENCY BUILDING 1  
EMPIRE STATE PLAZA  
ALBANY NY 12257**