



# CT-32-A/C

Staple forms here

New York State Department of Taxation and Finance

## Report by a Banking Corporation Included in a Combined Franchise Tax Return

Tax Law — Article 32

All filers must enter tax period:

beginning [ ] ending [ ]

Employer identification number		File number	Business telephone number ( )		
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)	
City State ZIP code			Date of incorporation		
NAICS business code number (see instructions)		If address above is new, mark an X in the box <input type="checkbox"/>	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 from our Web site, or by fax or phone. See the <i>Need help?</i> section of the instructions.		Audit (for Tax Department use only)
Principal business activity					
Name of parent corporation			EIN 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 (ENI) 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

Attach additional sheets displaying this information formatted as below, if necessary.

A — Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation, complete columns B through G on the corresponding lines below)							
Item	Name						EIN
A							
B							
C							
D							
E							
A Item	B Voting stock owned %	C Average value of subsidiary capital	D Current liabilities attributable to subsidiary capital	E Net average value (column C - column D)	F Issuer's allocation %	G Value allocated to New York State (column E x column F)	
A							
B							
C							
D							
E							
Amounts from attached sheet....							
<b>1</b> Totals.....						<b>1.</b>	

**Method III — 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 (subtract lines 3 and 4 from line 2) .....	5.	
6	Alternative ENI allocation percentage from Form CT-32-A/B, Schedule E, Part II, line 121 .....	6.	%
7	Business assets allocated to New York State (multiply line 5 by line 6) .....	7.	

**Method III — Computation of issuer's allocation percentage**

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

**Composition of prepayments (see instructions)**

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	Second installment from Form CT-400 ...	12a.		12a.	
12b	Third installment from Form CT-400 .....	12b.		12b.	
12c	Fourth installment from Form CT-400 .....	12c.		12c.	
13	Payment with extension request .....	13.		13.	
14	Overpayment credited from prior years (see instructions) .....	14.		14.	
15	Add Amount columns (enter here and include on line 209 of Form CT-32-A) .....	15.		15.	

**Certification:** Under the 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 authorized person		Official title		Date	
Paid preparer use only	Signature of individual preparing this report		Firm's name (or yours if self-employed)		
	Address	City	State	ZIP code	ID number
				Date	

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