



# CT-32-M

New York State Department of Taxation and Finance

## Banking Corporation MTA Surcharge Return

Tax Law — Article 32, Section 1455-B

Staple forms here

Amended return

All filers must enter tax period:

beginning  ending

Employer identification number	File number	Business telephone number ( )	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box		Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return)	Principal business activity		Audit (for Tax Department use only)	
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> in the instructions.				

<b>A.</b> Pay amount shown on line 14. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
	<b>A.</b>

### Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage (see instructions)

1	Gross income within MCTD .....	1.		
2	Gross income within New York State .....	2.		
3	MCTD gross income allocation percentage (divide line 1 by line 2) .....	3.		%

### Computation of MTA surcharge

4	Net New York State franchise tax (see instructions) .....	4.		
5	Allocated tax (multiply line 4 by line 3) .....	5.		
6	MTA surcharge (multiply line 5 by 17% (.17)) .....	6.		

#### First installment of estimated MTA surcharge for next period:

7a	If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 .....	7a.		
7b	If you did not file Form CT-5 or Form CT-5.3, see instructions .....	7b.		
8	Add lines 6 and 7a or 7b .....	8.		
9	Total prepayments (from line 25) .....	9.		
10	Balance (if line 9 is less than line 8, subtract line 9 from line 8) .....	10.		
11	Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached; see instructions) <input type="checkbox"/> .....	11.		
12	Interest on late payment (see instructions) .....	12.		
13	Late filing and late payment penalties (see instructions) .....	13.		
14	Balance due (add lines 10 through 13 and enter here; enter payment amount on line A above) .....	14.		
15	Overpayment (if line 8 is less than line 9, subtract line 8 from line 9; see instructions) .....	15.		
16	Amount of overpayment to be credited to New York State franchise tax .....	16.		
17	Amount of overpayment to be credited to MTA surcharge for next period .....	17.		
18	Amount of overpayment to be refunded .....	18.		

Computation of prepayments on line 9 (see instructions)		Date paid	Amount
19	Mandatory first installment.....	19.	
20a	Second installment from Form CT-400.....	20a.	
20b	Third installment from Form CT-400.....	20b.	
20c	Fourth installment from Form CT-400.....	20c.	
21	Payment with extension request, Form CT-5, line 10, or Form CT-5.3, line 13	21.	
22	Overpayment credited from prior years .....	22.	
23	Add lines 19 through 22.....	23.	
24	Overpayment credited from Form CT-32 or CT-32-A <input type="text" value="Period"/> .....	24.	
25	Total prepayments (add lines 23 and 24; enter here and on line 9) .....	25.	

<b>Third – party designee</b>	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) <b>Yes</b> <input type="checkbox"/> (complete the following) <b>No</b> <input type="checkbox"/>	
	Designee's name <input type="text"/>	Designee's phone number ( <input type="text"/> ) <input type="text"/> Personal identification number (PIN) <input type="text"/>

**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	Signature of individual preparing this return		Firm's name (or yours if self-employed)
	Address	City	State ZIP code ID number Date

See instructions for where to file.