New York State Department of **Taxation and Finance** Office of Processing and Taxpayer Services W A Harriman Campus Albany NY 12227

Seasonal Exception Worksheet for Form CT-222

Taxpayer's name:		Employer identification number (EIN):				
Contact name:		Contact title:		Telephone number: ()		
Tax period ended:	/ /					
Mark an X in the applicable box(es) State: MTA surcharge:						
A Month of tax year (mm/yy)	B Monthly allocated amount for the tax year of penalty *	C Monthly allocated amount for the tax year one year prior to penalty*	D Monthly allocated amount for the tax year one year prior to penalty*	E Monthly allocated amount for the tax year one year prior to penalty*	F Monthly tax credits for the year of penalty	G Monthly other taxes for the year of penalty
1 st month:						
2 nd month:						
3 rd month:						
4 th month:						
5 th month:						
6 th month:						
7 th month:						
8 th month:						
9 th month:						
10 th month:						
11 th month:						
12 th month:						
Of your 12-month liabilit	ty period, provide the c	onsecutive 6-month pe	eriod in which you earne	ed seventy percent or m	ore of your income.	
Start month:		End month:				
Signature of authorized person: Telephone number: () Date:/ /						

TR-620.1 (7/11)

Instructions

Line instructions

Column A — Enter the applicable month and year that corresponds with this line.

Column B - Enter the applicable monthly amount that corresponds to the highest tax base (before credits)* for the tax year of penalty.

Column C - Enter the applicable monthly amount that corresponds to the highest tax base (before credits)* for the tax year one year prior to penalty.

Column D — Enter the applicable monthly amount that corresponds to the highest tax base (before credits)* for the tax year two years prior to penalty.

Column E — Enter the applicable monthly amount that corresponds to the highest tax base (before credits)* for the tax year three years prior to penalty.

Column F — Enter the applicable monthly credit amount that corresponds with the tax credits applicable for that month.

Column G – Enter any other tax amounts that apply for that month.

* Highest tax base (before credits):

• Entire net income (ENI)

- Minimum taxable income (MTI)
- Alternative ENI
- Tax on premiums
- Alternative tax
- Gross earnings or gross income
- Fixed dollar minimum tax (Article 9-A)

Fax your worksheet

Fax your completed worksheet to the Business Liability Resolution Center at (518) 435-8615.

Need help?

If you have any questions or need further assistance, contact the Business Liability Resolution Center at (518) 485-0384.