



CT-33-M

Department of Taxation and Finance

Insurance Corporation MTA
Surcharge Return

Tax Law – Article 33, § 1505-a

Amended
return

AMND_RTN_IND

All filers must enter tax period: beginning

LIAB_PRD_BEG_DT

ending

LIAB_PRD_END_DT

Employer identification number (EIN)

EXT_TP_ID

File number
FCC_CD / CHECK_DIGIT

Business telephone number

() TP_PHONE_NMBR

If you claim an
overpayment, mark
an X in the box

OVPMT_IND

Legal name of corporation

LEGAL_NAME

Trade name/DBA

BUS_TRADE_NAME

Mailing address

State or country of incorporation

Care of (c/o)

MAILING_NAME

STATE_INCORP_NAME

Number and street or PO Box

MAIL_LN_1_ADR

MAIL_LN_2_ADR

Date of incorporation

INCORP_DATE

Foreign corporations: date began business in NYS

FRGN_BBNY_DATE

City

U.S. state/Canadian province

ZIP/Postal code

MAIL_CITY_ADR

MAIL_STATE_ADR

MAIL_ZIP_5_ADR

MAIL_ZIP_4_ADR

Country (if not United States)

MAIL_CNTRY_CD

For office use only

DCMT_RCVD_DT

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

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.

A. Pay amount shown on line 22. Make payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

A

REMIT_AMT

PYMNT_AMT

Calculation of MCTD allocation percentage

Authorized non-life insurance corporations MCTD allocation percentage (see instructions)

1a New York State direct premiums (add amounts from
Form CT-33-NL, lines 34 and 35; enter total here)

1a

NYS_NLFE_PRM_AMT

1b MCTD premiums included on line 1a

1b

MCTD_NLFE_PRM_AMT

2 MCTD allocation percentage (divide line 1b by line 1a)

2

MCTD_ALLOC_NL_PCT

%

Life insurance corporations and unauthorized insurance corporations MCTD allocation percentage (see instr.)

3a Net New York State premiums (from Form CT-33, line 37, or
CT-33-A, line 40, column E)

3a

NET_NYS_PREM_AMT

3b MCTD premiums included on line 3a (see instructions)

3b

MCTD_LFE_PRM_AMT

4 MCTD premium percentage (divide line 3b by line 3a)

4

MCTD_PRM_PCT

%

5 Weighted MCTD premium percentage (multiply line 4 by nine)

5

WGT_MCTD_PRM_PCT

%

6a New York State wages (from Form CT-33, line 41, or CT-33-A,
line 44, column E)

6a

NYS_WAGE_AMT

6b MCTD wages included on line 6a (see instructions)

6b

MCTD_WAGE_AMT

7 MCTD wage percentage (divide line 6b by line 6a)

7

MCTD_WG_PCT

%

8 Total MCTD percentages (add lines 5 and 7)

8

TOT_MCTD_WG_PCT

%

9 MCTD allocation percentage (divide line 8 by ten; if line 4 or line 7 is 0, see instructions)

9

MCTD_ALLOC_PCT

%

Calculation of MTA surcharge

10 Net New York State franchise tax (from Form CT-33-NL, line 7; Form CT-33 and Form CT-33-A filers, see instructions)

10

NET_NY_TAX_AMT

11 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)

11

ALLOC_TAX_AMT

12 MTA surcharge before MTA surcharge retaliatory tax credit (multiply line 11 by 17% [0.17])

12

MTA_SRCHRG_B4_AMT

13 MTA surcharge retaliatory tax credit (see instructions)

13

RETAL_TAX_CRD_AMT

14 Total MTA surcharge due (subtract line 13 from line 12)

14

TOT_AMT

15a, 15b, 16

17 Total prepayments (from line 45)

17

Same as Line 45

18a Balance (see instructions)

18a

BALANCE_AMT

18b Additional amount (see instructions)

18b

ADD_MFL_AMT

18c Total before penalties and interest (see instructions)

18c

INCR_BAL_AMT

19 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) CT222_IND

19

PENALTY_AMT

20 Interest on late payment (see instructions)

20

INT_LATE_PAY_AMT

21 Late filing and late payment penalties (see instructions)

21

LATE_FIL_AMT

22 Balance due (add lines 18c through 21 and enter here; enter the payment amount on line A above)

22

BAL_DUE_AMT

BAR_ID_CODE

432001260099



Calculation of MTA surcharge (continued; see instructions)

23a	Overpayment (if line 14 is less than line 17, subtract line 14 from line 17; see instructions)	23a	XS_PREPAY_AMT
23b	Amount of overpayment previously credited to 2027 MFI (see instructions)	23b	PR_CR_MFI_AMT
23c	Balance of overpayment available (see instructions)	23c	OVPMT_AMT
24	Amount of overpayment to be credited to New York State franchise tax	24	OVRPMT_CR_NY_AMT
25	Amount of overpayment to be credited to next year's MTA surcharge	25	OVRPMT_CR_MTA_AMT
26	Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23c)	26	RFND_AMT
27	Amount of MTA surcharge retaliatory tax credit to be refunded (from line 38)	27	RETAL_CR_RFND_AMT
28	Total refund claimed (add lines 26 and 27)	28	TOT_RFND_CLM_AMT

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

For tax years before 2021, attach separate calculation

	A 2021	B 2022	C 2023	D 2024	E 2025
29 MTA surcharge payable (see instructions)	SRCHRG_PAY_A_AMT	SRCHRG_PAY_B_AMT	SRCHRG_PAY_C_AMT	SRCHRG_PAY_D_AMT	SRCHRG_PAY_E_AMT
30 MTA surcharge retaliatory tax credits previously allowed (see instructions)	MTA_RETAL_A_AMT	MTA_RETAL_B_AMT	MTA_RETAL_C_AMT	MTA_RETAL_D_AMT	MTA_RETAL_E_AMT
31 Balance (subtract line 30 from line 29; if less than zero, enter 0)	BALANCE_A_AMT	BALANCE_B_AMT	BALANCE_C_AMT	BALANCE_D_AMT	BALANCE_E_AMT
32 Ninety percent (0.9) of retaliatory taxes paid this year attributable to the 2021 MTA surcharge (may not exceed line 31, column A; see instructions)	RETAL_PD_A_AMT				
33 Ninety percent (0.9) of retaliatory taxes paid this year attributable to the 2022 MTA surcharge (may not exceed line 31, column B; see instr.)		RETAL_PD_B_AMT			
34 Ninety percent (0.9) of retaliatory taxes paid this year attributable to the 2023 MTA surcharge (may not exceed line 31, column C; see instructions)			RETAL_PD_C_AMT		
35 Ninety percent (0.9) of retaliatory taxes paid this year attributable to the 2024 MTA surcharge (may not exceed line 31, column D; see instructions)				RETAL_PD_D_AMT	
36 Ninety percent (0.9) of retaliatory taxes paid this year attributable to the 2025 MTA surcharge (may not exceed line 31, column E; see instructions)					RETAL_PD_E_AMT
37 Total MTA surcharge retaliatory tax credits allowed to date (see instructions)	MTA_SRCHRG_A_AMT	MTA_SRCHRG_B_AMT	MTA_SRCHRG_C_AMT	MTA_SRCHRG_D_AMT	MTA_SRCHRG_E_AMT
38 Total credits (add lines 32 through 36; enter here and on line 27)					

Composition of prepayments claimed on line 17 (see instructions)

	Date paid	Amount
39 Mandatory first installment from Form CT-300 (see instructions)	INSTALL_A_MTA_DT	INSTALL_A_MTA_AMT
40a Second installment from Form CT-400	INSTALL_B_MTA_DT	INSTALL_B_MTA_AMT
40b Third installment from Form CT-400	INSTALL_C_MTA_DT	INSTALL_C_MTA_AMT
40c Fourth installment from Form CT-400	INSTALL_D_MTA_DT	INSTALL_D_MTA_AMT
41 Payment with extension request, from Form CT-5, line 10, or Form CT-5.3, line 13		EXTN_PYMT_MTA_AMT
42 Overpayment credited from prior years (see instructions)		OVPMT_PRRYR_AMT
43 Add lines 39 through 42		PREPAY_AMT
44 Overpayment credited from Form CT-33-NL, CT-33, or CT-33-A	Period OVPMT_CRDPT_DT	CRD_FROM_AMT
45 Total prepayments (add lines 43 and 44; enter here and on line 17)		TOT_PREPAY_AMT

Third – party designee (see instructions)	Yes ☐ No ☐	Designee's name (print) THRD_PRTY_NAME	Designee's phone number () THRD_PRTY_PH_NMBR
	Designee's email address THRD_PRTY_EMAIL_ADR		PIN THRD_PRTY_PIN_NMBR

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

Authorized person	Printed name of authorized person AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME	Signature of authorized person	Official title AUTHOFCR_TITL_DESC
	Email address of authorized person TP_EMAIL_ADR	Telephone number () AUTH_PH_NMBR	Date AUTH_OFCR_SGN_DT
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FIRM_NAME	Firm's EIN PAID_PREPARER_ID	Preparer's PTIN or SSN PREP_SSN_NMBR
	Signature of individual preparing this return	Address PREP_LN_1_ADR PREP_LN_2_ADR	City PREP_CTY_ADR
	Email address of individual preparing this return PP_EMAIL_ADR	Preparer's NYTPRIN or TX_PREP_RGST_ID	State PREP_ST_ADR
		ZIP code PREP_ZIP_5_ADR	ZIP code PREP_ZIP_4_ADR
		Excl. code EXCL_CD	Date PREP_SIGN_DT

See instructions for where to file.

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