



CT-33-M Metropolitan Transportation Business Tax Surcharge Return And Claim for Refund of MTB Surcharge Retaliatory Tax Credit

Tax Law — Article 33, Section 1505-a

For calendar year 1991 or tax period:

| | |
|-----------|--|
| beginning | |
| ending | |

| | | | |
|-----------------------------------|-----------------------|---|---------------------|
| Employer identification number | File number | If your name, employer identification number, address or owner/officer information has changed file Form DTF-95 (see instructions). | For office use only |
| Name | | | Date received |
| Number and street | City or town | State | ZIP code |
| State or country of incorporation | Date of incorporation | Business telephone number | Audit use |

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the tax surcharge on Form CT-33.

| | |
|---|------------------|
| A. Payment - pay amount shown on line 24 — Make check payable to: New York State Corporation Tax | Payment enclosed |
|---|------------------|

Computation of MCTD Allocation Percentage

| | | |
|---|---|---|
| 1 Net New York State premiums (from Form CT-33, Schedule B, line 39, or CT-33-A, line 34) | 1 | |
| 2 MCTD premiums included on line 1 | 2 | |
| 3 MCTD premium percentage (divide line 2 by line 1) | 3 | % |
| 4 Weighted MCTD premium percentage (multiply line 3 by nine) | 4 | % |
| 5 New York State wages (from Form CT-33, Schedule B, line 43, or CT-33-A, line 38) | 5 | |
| 6 MCTD wages included on line 5 | 6 | |
| 7 MCTD wage percentage (divide line 6 by line 5) | 7 | % |
| 8 Total MCTD percentages (add lines 4 and 7) | 8 | % |
| 9 MCTD allocation percentage (divide line 8 by ten) | 9 | % |

Computation of MTB Tax Surcharge

| | | |
|--|-----|--|
| 10 Net New York State franchise tax from Form CT-33, Schedule A, line 13 or CT-33-A, line 16 | 10 | |
| 11 Allocated tax (multiply line 10 by line 9) | 11 | |
| 12 MTB tax surcharge (multiply line 11 by 17% (.17)) | 12 | |
| 13 Retaliatory surcharge tax credit (see instructions) | 13 | |
| 14 Total (subtract line 13 from line 12) | 14 | |
| 15a If application for extension was filed, enter amount from Form CT-5, line 5 | 15a | |
| 15b If Form CT-5 was not filed see instructions | 15b | |
| 16 Add lines 14 and 15a or 15b | 16 | |
| 17 Prepayments (see instructions) | 17 | |
| 18 Credit transferred from Form CT- Period | 18 | |
| 19 Total prepayments (add lines 17 and 18) | 19 | |
| 20 Balance (if line 19 is less than line 16, subtract line 19 from line 16) | 20 | |
| 21 Interest | 21 | |
| 22 Additional charges | 22 | |
| 23 Penalty for underpayment of estimated tax - <input type="checkbox"/> Check here if Form CT-222 attached (if none enter "0") | 23 | |
| 24 Balance due (add lines 20 through 23 — enter payment on line A above) | 24 | |
| 25 Overpayment (if line 16 is less than line 19, subtract line 16 from line 19) | 25 | |
| 26 Amount of overpayment to be credited to New York State franchise tax | 26 | |
| 27 Amount of overpayment to be credited to next year MTB tax surcharge | 27 | |
| 28 Amount of overpayment to be refunded (subtract lines 26 and 27 from line 25) | 28 | |
| 29 Amount of MTB surcharge retaliatory tax credit to be refunded (enter from line 40) | 29 | |
| 30 Total refund claimed (add lines 28 and 29) | 30 | |

See Back for Claim for Refund

Claim for Refund of MTB Surcharge Retaliatory Tax Credit

| | | Column A 1987 | Column B 1988 | Column C 1989 | Column D 1990 | Column E 1991 |
|---|-----------|------------------|------------------|------------------|------------------|------------------|
| 31 Tax surcharge (from line 12) | 31 | | | | | |
| 32 MTB tax surcharge retaliatory tax credit previously allowed (see instructions) | 32 | | | | | |
| 33 Balance (subtract line 32 from line 31; if less than zero, enter "0") | 33 | | | | | |
| 34 Ninety percent of retaliatory taxes paid this year attributable to the 1987 surcharge (may not exceed line 33, Column A) | 34 | | | | | |
| 35 Ninety percent of retaliatory taxes paid this year attributable to the 1988 surcharge (may not exceed line 33, Column B) | 35 | | | | | |
| 36 Ninety percent of retaliatory taxes paid this year attributable to the 1989 surcharge (may not exceed line 33, Column C) | 36 | | | | | |
| 37 Ninety percent of retaliatory taxes paid this year attributable to the 1990 surcharge (may not exceed line 33, Column D) | 37 | | | | | |
| 38 Ninety percent of retaliatory taxes paid this year attributable to the 1991 surcharge (may not exceed line 33, Column E) | 38 | | | | | |
| 39 Total MTB tax surcharge retaliatory tax credits allowed to date (see instructions) | 39 | | | | | |
| 40 Total credits (add lines 34 through 38; enter on line 29) | 40 | | | | | |

Composition of Prepayments Claimed on Lines 17 and 18

| | Date | Amount | Deposit Serial Number |
|---|------|--------|-----------------------|
| 41 Mandatory first installment | | | |
| 42 CT-400 installments | | | |
| 43 Payment with extension CT-5 | | | |
| 44 Credit from prior years | | | |
| 45 Credit from Form CT-33 | | | |
| 46 Total (Add lines 41 through 45; enter here and on line 19) | | | |

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

| | | |
|---------------------------|---|---|
| Date | Signature of elected officer or authorized person | Official title |
| Date | Print or type name of paid individual or firm preparing this return | Signature of individual preparing this return |
| Paid preparer's ID number | Paid preparer's address | |

Mail your return to: NYS Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909