



# CT-32-M

New York State Department of Taxation and Finance

## Banking Corporation MTA Surcharge Return

Tax Law — Article 32, Section 1455-B

2001 calendar-yr. filers, check box   
Other filers enter tax period:

beginning

ending

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation		Trade name/DBA	Date received
	Mailing name (if different from legal name) and address		State or country of incorporation	Audit use
	c/o Number and street or PO box		Date of incorporation	
	City	State	ZIP code	
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 by fax, phone, or from our Web site. See the <i>Need help?</i> section on the back.			Business telephone number ( )	
NAICS business code number (see instructions)		Principal business activity		

If you do business 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 MTA surcharge on Form CT-32.

<b>A. Payment – pay amount shown on line 14. Make check payable to: <i>New York State Corporation Tax</i></b>	Payment enclosed
..... Attach your payment here.	

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

1	Gross income within MCTD (see instructions on back)		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 on page 2)		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 (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")		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; enter payment on line A above)		14	
15	Overpayment (if line 8 is less than line 9, subtract line 8 from line 9)		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

		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"/> Period	24	
25	Total prepayments (add lines 23 and 24; enter here and on line 9)	25	

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

Signature of elected officer or authorized person		Official title	Date
Paid preparer use only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this return

# Instructions

## General information

If you file Form CT-32 or CT-32-A, use Form CT-32-M to report and pay the metropolitan transportation business tax surcharge (MTA surcharge).

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file Form CT-32-M and pay the MTA surcharge on business done in the MCTD. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

Corporations filing on a combined basis are required to file only one return for the combined group. Use combined figures, as shown on your Form CT-32-A, to complete this form.

**MTA surcharge rate** — The MTA surcharge rate is 17%.

**When and where to file** — File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: **NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038**. If you use a delivery service other than the U.S. Postal Service, see *Private delivery services* in the instructions for Form CT-32.

**Extension of time for filing** — You may request additional time to file an MTA surcharge return. File Form CT-5 or Form CT-5.3 on or before the due date of the return for which you are requesting the extension, and pay the MTA surcharge you estimate to be due.

## Employer identification number, file number and other identifying information

For us to process your corporation tax forms, it is important that we have the necessary identifying information. You will find your employer identification number and file number just above your printed corporation name and address. Keep a record of that information and include it on each corporation tax form mailed.

If you use a paid preparer or accounting firm, make sure they use your complete and accurate identifying information when completing all forms.

**Changes in business information** — You must report any changes in your business name, ID number, mailing address, physical address, telephone number, or owner/officer information on Form DTF-95, *Business Tax Account Update*. If only your address has changed, you may use Form DTF-96, *Report of Address Change for Business Tax Accounts*, to correct your address for this and all other tax types. You can get these forms by fax, phone, or from our Web site. See *Need help?* below for the phone number and Web address.

**Amended return** — If you are filing an amended return, please write **Amended return** across the top of the form.

**Reporting period** — If you are a calendar-year filer, check the box in the upper right corner on the front of the form. If you are a fiscal-year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

**NAICS business code number** — Enter the six-digit NAICS business activity code number from your federal return.

See instructions in Form CT-32-I for information on using whole dollar amounts, converting decimals into percentages, and showing negative amounts.

## Line instructions

**Line A** — Make your payment in United States funds. We will accept a foreign check or foreign money order only if payable through a United States bank or if marked **Payable in U.S. funds**.

### Computation of MCTD gross income allocation percentage

- If you do all of your New York State business within the 12 counties of the MCTD, skip lines 1 and 2 and enter 100% on line 3.
- If you do part of your business outside of the MCTD, compute your MCTD gross income allocation percentage on lines 1 through 3.

The MCTD gross income allocation percentage is determined by dividing your gross income within the MCTD by your gross income within New York State. *Gross income* is federal gross income as defined in section 61 of the Internal Revenue Code (IRC), plus any amount excluded from federal gross income under section 103 of the IRC, minus the eligible gross income of an international banking facility (IBF), if the taxpayer elects to utilize the IBF modification. (See Regulations, section 23-1.3(b).)

**Line 4** — Although the tax rate on entire net income is reduced this year, and will continue to fall in subsequent years, you must compute the MTA surcharge without regard to that reduction.

To determine the amount to enter on line 4, find the **first condition** below that applies to you, and follow the instruction indicated for that condition. For example, if Form CT-32, line 5, equals the amount on Form CT-32, line 1, and the amount on Form CT-32, line 7, equals \$250, then your situation would be described in **both** conditions 1 and 2. In that event, you would follow the instructions for condition 1 and ignore the instructions for condition 2.

Condition	Instructions
1. The fixed dollar minimum tax equals the tax due.  CT-32 Line 7 = \$250 CT-32-A Line 7 = \$250	Enter the net franchise tax from Form CT-32, Schedule A, line 7, or the total combined franchise tax from Form CT-32-A, Schedule A, line 9, on line 4 of Form CT-32-M.
2. The tax on allocated taxable entire net income equals the largest tax before credits.  CT-32 Line 5 = Line 1 CT-32-A Line 5 = Line 1	Complete Worksheet 1.
3. Otherwise	Enter the net franchise tax from Form CT-32, Schedule A, line 7, or the total combined franchise tax from Form CT-32-A, Schedule A, line 9, on line 4 of Form CT-32-M.

## Worksheet 1

<b>A</b> Enter allocated taxable entire net income from Form CT-32, Schedule B, line 61, or Form CT-32-A, Schedule B, line 59 .....	_____
<b>B</b> Rate .....	_____ .09
<b>C</b> Multiply line A by line B .....	_____
<b>D</b> Enter tax credits from Form CT-32, Schedule A, line 6, or Form CT-32-A, Schedule A, line 6 .....	_____
<b>E</b> Net New York State franchise tax: subtract line D from line C .....	_____
<b>F</b> Combined fixed minimum tax for member corporations ( <i>Form CT-32 filers enter "0"; Form CT-32-A filers enter the amount from line 8 of that form</i> ) .....	_____
<b>G</b> Total combined franchise tax: add line E and line F; enter result here and on line 4 of Form CT-32-M .....	_____

## First installment of estimated tax for the next tax period

If, on your Form CT-32 or Form CT-32-A, you must make a first installment of estimated franchise tax for the next tax period, you must also make a first installment of the MTA surcharge for the next tax period.

**Line 7b** — Enter 25% of the amount on line 6 if you did not file Form CT-5 or Form CT-5.3 and the franchise tax shown on Form CT-32, line 7, or Form CT-32-A, Schedule A, line 7, is over \$1,000. Otherwise, enter "0."

**Line 11** — If you underpaid your estimated MTA surcharge, use Form CT-222, *Underpayment of Estimated Tax by a Corporation*, to compute the penalty. Attach Form CT-222 and check box. If no penalty is due, enter "0."

**Line 12** — If you do not pay the MTA surcharge on or before the original due date (**without** regard to any extension of time to file), you must pay interest on the amount of the underpayment from the original due date to the date paid. Exclude from the interest computation any amount shown on line 7a or line 7b, first installment of estimated MTA surcharge for the next tax period.


**Line 13** — Late filing and late payment penalties are computed on the amount of the MTA surcharge minus any payment made on or before the due date (**with** regard to any extension of time for filing). Exclude from the penalty computation any amount shown on line 7a or line 7b, first installment of estimated MTA surcharge for the next tax period.


See instructions on Form CT-32-I for information on computing late filing and late payment penalties.

**Line 15** — If line 8 is less than line 9, subtract line 8 from line 9. This is the amount of overpayment. You may divide it on line 16, 17, or 18 in any way you choose.

See instructions in Form CT-32-I for information on collection of debts from your refund.

## Need help?

 Business Tax information: 1 800 972-1233  
Forms and publications: 1 800 462-8100  
From outside the U.S. and outside Canada: (518) 485-6800  
Fax-on-demand forms: 1 800 748-3676  
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

 **Internet access:** [www.tax.state.ny.us](http://www.tax.state.ny.us)



# Change in Mailing Address and Assistance Information for Prior Year Corporation Tax Forms

Beginning on January 2, 2015, we changed processing centers.

Any corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Department – IT-2659, PO Box 397, Albany NY 12201-0397, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15179  
ALBANY NY 12212-5179**

Any corporation tax filing extension request form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22094, Albany NY 12201-2094, or NYS Tax Corporation Tax, Processing Unit, PO Box 22102, Albany NY 12201-2102, must be mailed to this address instead (see *Private delivery services* below):

**NYS CORPORATION TAX  
PO BOX 15180  
ALBANY NY 12212-5180**

Any C corporation, banking corporation, insurance corporation, Article 9 corporation, and Article 13 corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 1909, Albany NY 12201-1909; NYS Tax Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038; NYS Tax Corporation Tax, Processing Unit, PO Box 22095, Albany NY 12201-2095; NYS Tax Corporation Tax, Processing Unit, PO Box 22093, Albany NY 12201-2093; or NYS Tax Corporation Tax, Processing Unit, PO Box 22101, Albany NY 12201-2101, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15181  
ALBANY NY 12212-5181**

Any S corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22092, Albany NY 12201-2092, or NYS Tax Corporation Tax, Processing Unit, PO Box 22096, Albany NY 12201-2096, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT  
PO BOX 15182  
ALBANY NY 12212-5182**

**Note:** Forms mailed to the old addresses may be delayed in processing.

## Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery.

For all the forms referenced above, if you are using a private delivery service, send to:

NYS TAX DEPARTMENT  
CORP TAX PROCESSING  
90 COHOES AVE  
GREEN ISLAND NY 12183

## Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- check for new online services and features



### Telephone assistance

**Corporation Tax** Information Center: (518) 485-6027

To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.