



CT-3M/4M

Metropolitan Transportation Business Tax (MTA Surcharge) Return

For calendar year 1992 or tax period:

Tax Law — Article 9-A

beginning _____
ending _____

Employer identification number		File number	If your name, EIN, or owner/officer information has changed, you must file Form DTF-95, <i>Change of Business Information</i> . If no form is enclosed, call 1 800 462-8100 to request one. From areas outside New York State call (518) 438-1073.	For office use only
Name				Date received
Number and street				
City or town	State	ZIP code		
Business telephone number	State or country of incorporation	date	Foreign corporations: date began business in NYS	

If you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (see instructions for counties), 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-3, CT-3-A or CT-4.

A. Payment - pay amount on line 12 — Make check payable to: <i>New York State Corporation Tax</i>	Payment enclosed
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Computation of Tax Surcharge

1 Net New York State franchise tax from Form CT-3, CT-3-A or CT-4	1	
2 MCTD allocation percentage from line 35 or line 43	2	%
3 Allocated franchise tax (multiply line 1 by line 2)	3	
4 MTA Surcharge (multiply line 3 by 17% (.17))	4	
5a If application for extension was filed, enter amount from Form CT-5, line 5	5a	
5b If Form CT-5 was not filed, see instructions	5b	
6 Add line 4 and line 5a or 5b	6	
7 Total prepayments claimed (from line 50)	7	
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8	
9 Interest on late payment (see instructions)	9	
10 Late filing and late payment penalties (see instructions)	10	
11 Penalty for underpayment of estimated tax — Check box if Form CT-222 is attached <input type="checkbox"/> (if none, enter "0")	11	
12 Balance due (add lines 8 through 11); enter payment on line A above	12	
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7)	13	
14 Amount of overpayment to be refunded	14	
15 Amount of overpayment to be credited to New York State franchise tax	15	
16 Amount of overpayment to be credited to MTA surcharge for next period	16	

Schedule A, Part I - Computation of MCTD Allocation Percentage

	Col. A - MCTD	Col. B - New York State	
Average value of: (Value property owned by same method as Form CT-3, Sch. A)			
17 Real estate owned	17		
18 Real estate rented (attach list)	18		
19 Inventories owned	19		
20 Tangible personal property owned	20		
21 Tangible personal property rented	21		
22 Total (add lines 17 through 21)	22		
23 Percentage in MCTD (divide line 22, Column A by line 22, Column B)		23	%

Receipts in the regular course of business from:

24 Sales of tangible personal property shipped to points within MCTD	24			
25 All sales of tangible personal property	25			
26 Services performed	26			
27 Rentals of property	27			
28 Royalties	28			
29 Other business receipts	29			
30 Total (add lines 24 through 29)	30			
31 Percentage in MCTD (divide line 30, Column A, by line 30, Column B)		31		%
32 Wages and other compensation of employees except general executive officers	32			
33 Percentage in MCTD (divide line 32, Column A, by line 32, Column B)		33		%
34 Total of MCTD factors (add lines 23, 31 and 33)		34		%
35 MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)		35		%

Schedule A, Part II — MCTD Allocation — Aviation corporations only		Column A MCTD	Column B New York State
36	Revenue aircraft arrivals and departures	36	
37	MCTD percentage (divide line 36, Column A, by line 36, Column B)		37 %
38	Revenue tons handled	38	
39	MCTD percentage (divide line 38, Column A, by line 38, Column B)		39 %
40	Originating revenue	40	
41	MCTD percentage (divide line 40, Column A, by line 40, Column B)		41 %
42	Total (add lines 37, 39 and 41)		42 %
43	MCTD allocation percentage (divide line 42 by three; enter here and on line 2)		43 %

Composition of Prepayments Claimed on Line 7

	Date Paid	Amount
44 Mandatory first installment		
45 CT-400 installments	(1)	
	(2)	
	(3)	
46 Payment with extension application, Form CT-5		
47 Credit from prior years		
48 Add lines 44 through 47		
49 Credit from Form CT-.....	Period	
50 Total prepayments (add lines 48 and 49; enter on line 7)		

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

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

Need Help?

Phone For forms and publications, call toll free (from New York State only) 1 800 462-8100.
From areas outside New York State, call (518) 438-1073.

For information, call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829).
From areas outside New York State, call (518) 438-8581.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

Write If you need to write, please address your letter to:

NYS Tax Department
Taxpayer Assistance Bureau
W A Harriman Campus
Albany NY 12227