

# CT-3-A/C New York State Department of Taxation and Finance Report by a Corporation Included in a Combined

2000 calendar	r-yr. filers,	check box
Other filers	enter tax	period:

		Franchis	se Tax Re	eturn	beginning		
		Tax Law — Artic		F	ending		
Emplo	yer identification number		File number		For office use	only	
	Legal name of corporation		Trade name/DBA				
			Trade Harrie/DDA		Date received		
ne	Mailing name (if different from legal name) and	d address		State or country of incorpora			
nar Ire	,			_			
Mailing name and address	c/o Number and street or PO box			Date of incorporation			
aii							
≥ @	City	State	ZIP code	Foreign corporations: date be	egan		
				business in NYS	Audit use		
		ion number, address, or owner/offic		usiness telephone number			
instruct		n forms through fax-on-demand, In ee Need help? section of the form		)			
NAI	CS business code number (see instructions)	Principal business activity					
0		_					
Com	bined parent's corporation name	<del></del>					
Com	bined parent's employer identific	cation number					
	· · · · · · · · · · · · · · · · · · ·						
	opolitan transportation busine	•	• .	arty or maintain an affice is	a th a		
	ring the tax year did you do busi etropolitan Commuter Transporta		• •	=	i trie	Yes	No
Gross		Total receipts		ge value of gross assets	///////////////////////////////////////		
		· •	_	•			
					<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	(//////////////////////////////////////	////////
2 Co	er of par shares  position of prepayments		ete the following fo				
Mem	ber's prepayments to be credited CT-3M/4M, <i>General Business</i> (			l Business Corporation Cor	mbined Franci	nise Tax Return,	and
		Fra	nchise tax		MT	A surcharge	
		Date paid	Amount		Date paid	Amount	
3 M:	andatory first installment 3	////		3			
	Γ-400 installments 4	(1)		4 (1)			
		(2)		(2)			
		(3)		(3)			
<b>5</b> Pa	ayment with extension 5			5			
<b>6</b> Cr	edit from prior years (see instruct	ions) <b>6</b>			6		
<b>7</b> Ac	dd amount columns (enter here ar	d include		(enter here and include of	on		
	on line 107 of Form CT-3-A)	7		line 51 of Form CT-3M/4	M) <b>7</b>		
	fication. Under penalties of perj						
	s also liable for the group tax liab	oility, and I certify tha	t this report and an	y attachments are to the be	est of my knov	vledge and belief	
	correct, and complete.  ature of elected officer or authorized persor	<u> </u>		Official title	Da	te	
oigna	and or elected officer or authorized person	•		zmoiai uuc	Da		
. 1	Firm's name (or yours if self-employed)			ID number	Da	te	
oare Ny	a riamo (or yours il soll-omployou)			- Number			
d prepar se only	Address			Signature of individu	ıal preparing this r	eturn	

Attach this report to the parent corporation's Form CT-3-A.

## Instructions

The CT-3-A/C is an individual certification that must be filed by each member of the New York State combined group except:

- A. the corporation, designated the parent, that is responsible for filing Form CT-3-A; and
- B. a foreign corporation that is not taxable in New York State.

Form CT-3-A/C is required to be filed annually and must be attached to the parent corporation's Form CT-3-A.

## 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.

#### Fixed dollar minimum tax

Each corporation (except those mentioned in A and B above) must compute its own fixed dollar minimum tax on this form. Enter this tax on line 1 of this form.

**Do not pay the tax with this form.** Enter the fixed dollar minimum tax on line 1 of this form and also include it on Form CT-3-A, line 83a or line 83b, whichever is applicable.

The fixed dollar minimum tax is computed as follows:

The fixed deficit minimum tax to computed do fellowe.				
For a corporation with a gross payroll of:	Tax amounts for tax years beginning after June 30, 1999			
\$6,250,000 or more	\$1,500			
Less than \$6,250,000 but more than \$1,000,000	425			
\$1,000,000 or less but more than \$500,000	325			
\$500,000 or less but more than \$250,000	225*			
\$250,000 or less	100*			
However, if the corporation's gross payroll, total receipts and average value of gross assets are each \$1,000 or less	800			

<sup>\*</sup> Foreign authorized corporations: If the total of your tax and MTA surcharge is less than \$300, you must increase your payment accordingly to satisfy the \$300 maintenance fee requirement.

See Form CT-3-A-I, *Instructions for Forms CT-3-A, CT-3-A/ATT and CT-3-A/B*, line 74 instructions for the computation of the fixed dollar minimum tax.

Enter your gross payroll, total receipts and gross assets in the appropriate boxes on line 1.

# **Composition of prepayments**

Complete this schedule only if the corporation filing this Form CT-3-A/C made separate payments or has separate credits.

**Line 6** — Include franchise tax payments credited from prior years in the *Franchise tax* column and MTA surcharge payments credited from prior years in the *MTA surcharge* column.

**Line 7** — The total of the *Franchise tax* column will be carried to line 107 of Form CT-3-A. The total of the *MTA surcharge* column will be carried to line 51 of Form CT-3M/4M, filed by the parent.

# **Privacy notification**

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

# Need help?



**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the	
New York State Business Tax	
Information Center:	1 800 972-1233
For general information:	1 800 225-5829
To order forms and publications:	1 800 462-8100
From areas outside the U.S. and	
outside Canada:	(518) 485-6800



**Fax-on-demand forms:** Forms are available 24 hours a day, 1 800 748-3676 7 days a week.



Internet access: http://www.tax.state.ny.us



# Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



**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, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU W A HARRIMAN CAMPUS ALBANY NY 12227