



CT-33-M

New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return

Amended return

Tax Law — Article 33, Section 1505-a beginning

All filers must enter tax period:

ending

Employer identification number	File number	Business telephone number ()	State or country of incorporation	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Date of incorporation	Date received (for Tax Department use only)	
Mailing name (if different from legal name above) c/o Number and street or PO box		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 from our Web site, or by fax, or by phone. See the <i>Need help?</i> section of the instructions.	Audit (for Tax Department use only)	
City	State			

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 check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A.

Computation of MCTD allocation percentage

Non-life insurance corporations MCTD allocation percentage (see instructions)

1a New York State direct premiums (total amounts from Form CT-33-NL, lines 34 and 35 and enter here)	1a.		
1b MCTD premiums included on line 1a (see instructions)	1b.		
2 Non-life insurance MCTD allocation percentage (divide line 1b by line 1a)	2.		%

Life insurance corporations MCTD allocation percentage (see instructions)

3a Net New York State premiums (from Form CT-33, line 37, or CT-33-A, line 40, column E)	3a.		
3b MCTD premiums included on line 3a (see instructions)	3b.		
4 MCTD premium percentage (divide line 3b by line 3a)	4.		%
5 Weighted MCTD premium percentage (multiply line 4 by nine)	5.		%
6a New York State wages (from Form CT-33, line 41, or CT-33-A, line 44, column E)	6a.		
6b MCTD wages included on line 6a (see instructions)	6b.		
7 MCTD wage percentage (divide line 6b by line 6a)	7.		%
8 Total MCTD percentages (add lines 5 and 7)	8.		%
9 Life insurance MCTD allocation percentage (divide line 8 by ten; if line 4 or line 7 is 0, see instructions)	9.		%

Computation 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.	
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.	
12 MTA surcharge before MTA surcharge retaliatory tax credit (multiply line 11 by 17% (.17))	12.	
13 MTA surcharge retaliatory tax credit (see instructions)	13.	
14 Total MTA surcharge due (subtract line 13 from line 12)	14.	
15a If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10	15a.	
15b If you did not file Form CT-5 or Form CT-5.3, see instructions	15b.	
16 Total (add lines 14 and 15a or 15b)	16.	
17 Total prepayments (from line 45)	17.	
18 Balance (if line 17 is less than line 16, subtract line 17 from line 16)	18.	
19 Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	19.	
20 Interest on late payment (see instructions)	20.	
21 Late filing and late payment penalties (see instructions)	21.	
22 Balance due (add lines 18 through 21; enter payment on line A above)	22.	

Computation of MTA surcharge (continued)

23	Overpayment (if line 16 is less than line 17, subtract line 16 from line 17)	23.	
24	Amount of overpayment to be credited to New York State franchise tax	24.	
25	Amount of overpayment to be credited to next year's MTA surcharge	25.	
26	Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23)	26.	
27	Amount of MTA surcharge retaliatory tax credit to be refunded (from line 38)	27.	
28	Total refund claimed (add lines 26 and 27)	28.	

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

For tax years before 2000, attach separate computation		Column A 2000	Column B 2001	Column C 2002	Column D 2003	Column E 2004
29	MTA surcharge payable	29.				
30	MTA surcharge retaliatory tax credits previously allowed (see instructions)	30.				
31	Balance (subtract line 30 from line 29; if less than zero, enter 0)	31.				
32	Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2000 MTA surcharge (may not exceed line 31, Column A)	32.				
33	Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2001 MTA surcharge (may not exceed line 31, Column B) ..	33.				
34	Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2002 MTA surcharge (may not exceed line 31, Column C)	34.				
35	Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2003 MTA surcharge (may not exceed line 31, Column D)	35.				
36	Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2004 MTA surcharge (may not exceed line 31, Column E) ..	36.				
37	Total MTA surcharge retaliatory tax credits allowed to date (see instructions)	37.				
38	Total credits (add lines 32 through 36; enter here and on line 27)	38.				

Composition of prepayments claimed on line 17 (see instructions)

		Date paid	Amount
39	Mandatory first installment	39.	
40a	Second installment from Form CT-400	40a.	
40b	Third installment from Form CT-400	40b.	
40c	Fourth installment from Form CT-400	40c.	
41	Payment with extension request, from Form CT-5, line 10, or Form CT-5.3, line 13	41.	
42	Overpayment credited from prior years	42.	
43	Add lines 39 through 42	43.	
44	Overpayment credited from Form CT-33-NL, CT-33, or CT-33-A <input type="text"/> Period	44.	
45	Total prepayments (add lines 43 and 44; enter here and on line 17)	45.	

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions, page 4) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

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

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

Mail your return to: **NYS CORPORATION TAX PROCESSING UNIT
PO BOX 22038
ALBANY NY 12201-2038**

Also mail a copy to: **NYS INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY NY 12257**