

CT-33M

New York State Department of Taxation and Finance

Metropolitan Transportation Business Tax Surcharge Report

Article 33, Section 1505-a

For calendar year **1987**

or taxable period

beginning

ending

For office use only

Affix Preaddressed Label Here →	Employer identification number	File number	Date received
	Name		
Mail to: NYS Corporation Tax Processing Unit P.O. Box 1909 Albany, N.Y. 12201-1909	Number	Street	
	City or town	State	ZIP Code
State or country of incorporation	Date of incorporation	Domicile	

All corporations required to file Form CT-33 must complete this form.

Does the above named corporation (taxable under Article 33 of the Tax Law) do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District, which includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester?

Yes

No

If you answered Yes, complete this form and pay the tax surcharge.

If you answered No, it is not necessary to complete Schedules Q, R and S. However, this form **must** be signed by an officer and returned to: **New York State Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909**

A. Payment – pay amount shown on line 11. Make check payable to:	New York State Corporation Tax	Payment enclosed	\$
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Schedule Q – Computation of Tax Surcharge

1. Net New York State franchise tax from Form CT-33, Schedule A, line 12	1		
2. MCTD allocation percentage from Schedule R, line 21	2		%
3. Allocated tax (multiply line 1 by line 2)	3		
4. Tax surcharge (multiply line 3 by 17%)	4		
5. Retaliatory surcharge tax credit from Schedule S, line 24	5		
6. Total (subtract line 5 from line 4)	6		
7. Prepayments (a) Payment with CT-5 (From CT-5, line A)		Period	
(b) Credit transferred from Form CT-		Period	
Total prepayments claimed (add lines 7a and 7b)	7		
8. Balance (subtract line 7 from line 6)	8		
9. Interest	9		
10. Additional charges	10		
11. Balance due (add lines 8, 9 and 10 – enter payment on line A)	11		
12. Overpayment (subtract line 6 from line 7)			
(a) Refund of overpayment	12a		
(b) Credit to N. Y. State Franchise Tax	12b	Period	

Certification by an Elected Officer of the Corporation

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

Date	Signature of officer	Official title
Date	Signature of preparer or name of firm	Preparer's address

SCHEDULE R – Computation of MCTD Allocation Percentage

		Column A MCTD	Column B New York State
13.	Net New York State premiums (from Form CT-33, Schedule C, line 24(g))	13	
14.	MCTD premiums included in line 13	14	
15.	MCTD premium percentage (divide line 14 by line 13)	15	%
16.	Weighted MCTD premium percentage (multiply line 15 by nine)	16	%
17.	New York State wages (from Form CT-33, Schedule C, line 28)	17	
18.	MCTD wages included in line 17	18	
19.	MCTD wage percentage (divide line 18 by line 17)	19	%
20.	Total MCTD percentages (add line 16 and line 19)	20	%
21.	MCTD allocation percentage (divide line 20 by ten – enter on Schedule Q, line 2)	21	%

SCHEDULE S – Computation of Retaliatory Tax Surcharge Credit

(See Instructions for Schedule S)

22.	Metropolitan Transportation Business tax surcharge (from Schedule Q, line 4)	22	
23.	90% of retaliatory taxes paid in 1987 attributable to 1987 surcharge	23	
24.	Retaliatory tax surcharge credit, smaller of lines 22 and 23 (enter on Schedule Q, line 5)	24	