

New York State Department of Taxation and Finance

Report by a Banking Corporation Included in a Combined

Use	this	form	for	tax	periods	beginning
in J	anua	rv 19	96 d	or af	ter.	

1996 calen	dar yr. filer	s, check box
Other file	rs enter ta	x period:

		Franc Tax Law		Tax Retur	'n		b	eginning		
Employe	er identification number			File number		new, che	ck box	For office use only		_
Mailing Name and Address	Taxpayer's business name Business name at location below (if diagram) C/O Street or PO Box City	fferent from business name abov		ZIP code)	If your nai identificati address o information you must (see instruction is enclosed 1 800 462 one. From the U.S. a	me, employer on number, r owner/officer n has changed, file Form DTF-95 tions). If no form d, call -8100 to request areas outside nd Canada, call	Date received Audit use		
	pal business activity				(fron	n federal returr	n) 			
Busine	St telephone number St	ate or country of incorporati	on		Date	e of incorpor		date began	s:	_
Name	of parent corporation				Em	ployer identif	ication number of p	parent corporatio	n	
Met Every Comp	tropolitan Commuter Transposition Commuter Transposition that files Form (putation of the Issuer's od I — Enter the alternative	cortation District? CT-32-A/C must include Allocation Percei e entire net income a	a fixed n	ninimum tax pay Complete M percentage fro	/ment letho m the	of \$250 od I, II, od	n Form CT-32-/ III (see instru	A, Schedule A	., line 8.	%
	od II — A New York State B Worldwide grosside line A by line B	s income				<u>\$</u> \$				%
Metho	od III — Computation of	Subsidiary Capital A	llocated	to New York	State	!		,		
	A Subsidiary Corpo	ration	B % of	C Average Value of			E Net Average Value	F Issuer's Allocation %	G Value Allocated to New York State	
(Atta	Name ach separate sheet if necessary)	Rew Check box	(col. E x col. F)							
										_
Amou	ints from attached list									_
	Totals					1				
Com	putation of Business (Capital Allocated to	New Y	ork State						
3 4 5	Current liabilities Total net average value of s Net business assets (subtra	ubsidiary capital from liact lines 3 and 4 from lines	ine 1, colu ne 2)	umn E	4			. 5		%
7	Business assets allocated	to New York State (m	ultiply line							
	putation of Issuer's All			k State (add lin	21 ~	olumn G ar	nd line 7)	8		
	Total worldwide capital (se	-	, INGW IUI	A State (auu IIII)		onunnin G al				_

Issuer's allocation percentage (divide line 8 by line 9).

10

Composition of Prepayments

Member's prepayments to be credited and included on Form CT-32-A, *Banking Corporation Combined Franchise Tax Return*, and Form CT-32-M, *Banking Corporation MTA Surcharge Return*.

	Franchise Tax			MTA Surcharge					
	Date Paid	Amount		Date Paid	Amount				
11 Mandatory first installment 11			11						
12 CT-400 installments									
(2)			(2)						
(3)			(3)						
13 Payment with extension - Form CT-5.3			13						
14 Credit from prior years (see instructions	s) 14			14					
15 Add amount columns (enter here and in	15 Add amount columns (enter here and include			le on					
on line 31 of Form CT-32-A, Schedule A) .					line 9 of Form CT-32-M) 15				
Does this corporation have an interest in Has the controlling interest in the corporathis return and prior to June 15, 1996? If you answered <i>Yes</i> to both questions, a	ation's stock cha	nged during the peri	od covered in		_	□ No			
Certification. Under penalties of perjury, and is also liable for the group tax liability true, correct and complete.									
			icial title	D	ate				
Firm's name (or yours if self-employed)			ID number	Di	ate				
Firm's name (or yours if self-employed) Address			Signature of indiv	idual preparing this	return				