

## CT-33-M New York State Department of Taxation and Finance Insurance Corporation

1998 calendar-yr. filers, check box					
Other filers	enter tax period:				
haginning					

_	<u> </u>	/ITA Surc	harge F	Retur	'n	beginning	,	
	Ta	ax Law — Article :	33. Section 15	05-a		•		
Employ	ver identification number	7.1.0.0.0	File number	<del></del>		ending For office u		
_ [[][pio	er identification number				f your name, employer	TOT OTTICE U.	se only	
	Logal name of corporation				dentification number, address, or owner/officer			
	Legal name of corporation				nformation has changed,	Date receive	ed	
ne ss	Mailing name (if different from legal name above) an	d address			ou must file Form	Date receive		
les les		a dadroos			OTF-95 <i>(see instructions)</i> . If no form is enclosed, call			
Mailing name and address	C/O Number and street or PO box				800 462-8100 to request			
ַבַּ בַּ					one. From areas outside			
<u>8</u> ₽	City	State	ZIP code		he U.S. and outside Canada, call			
	City	State	Zii code		518) 485-6800.	Audit use		
	heck box if Business telephone number	State or country of inc	ornoration		Date of incorporation			
ᆈ₀	verpayment / \	Otate of country of the	orporation		Date of incorporation			
С	aimed ( )							
	do business, employ capital, own or leas							
	Bronx, Kings, Queens, Richmond, Dutche of file this form. However, you must discla					nust file t	nis form. If not, you	do not
	ayment — pay amount shown on lin						Payment enclosed	
	ayment — pay amount snown on iii ···· Attach your payment here.	e 22. Make Check	payable to. <b>Net</b>	V TOIK SI	ale Corporation Tax		•	
•	outation of MCTD Allocation Perce	entage (See Form	CT-33-M-I for	assistanc	۸ ۱			
						1		
	Net New York State premiums (from					· ·		
	MCTD premiums included on line 1							%
	MCTD premium percentage (divide I Weighted MCTD premium percenta							<u> </u>
	New York State wages (from Form C							
	MCTD wages included on line 5							
	•							%
	MCTD wage percentage (divide line Total MCTD percentages (add lines							%
	MCTD allocation percentage (divide							<del>/</del> 6
Com	outation of MTA Surcharge	inic o by tenj	<u></u>			•		
	Net New York State franchise tax (f	rom Form CT-33 line	13 or CT-33-A	lina 18)		10		
	Allocated tax (multiply line 10 by line 8					``		
	MTA surcharge (multiply line 11 by 1					· ·		
	MTA surcharge (manapy line 11 by 1							
	Total (subtract line 13 from line 12)					``		
	If a request for extension was filed,					· · · — —		
	If Form CT-5 or Form CT-5.3 was no							
	Add lines 14 and 15a or 15b							
17	Total prepayments (from line 45)					17		
	Balance (if line 17 is less than line 16,							
	Penalty for underpayment of estimated N							
	Interest on late payment (see instruc							
21	1 Late filing and late payment penalties (see instructions)							
22	22 Balance due (add lines 18 through 21; enter payment on line A above)							
23	Overpayment (if line 16 is less than line 17, subtract line 16 from line 17)							
24	Amount of overpayment to be credi	ted to New York St	ate franchise ta	ax		24		
25	Amount of overpayment to be credi	ted to next year M <sup>-</sup>	TA surcharge .			25		
26	Amount of overpayment to be refun	ded (subtract lines 2	24 and 25 from lir	ne 23)				
27	Amount of MTA surcharge retaliator	y tax credit to be r	efunded (from li	ne 38)				
	Total refund claimed (add lines 26 and					28		
	fication. I certify that this return and	any attachments a			wledge and belief tru			
Signa	ture of elected officer or authorized person			Official title			Date	
-	Firm's name (assessed that the second				ID number		Doto	
<u> </u>	Firm's name (or yours if self-employed)				ID number	, , ['	Date	
Only	Addross				Signature of individual a	roparing th	ic roturn	
Se T	Address				Signature of individual p	repairing th	io returri	

	Claim for Refund of M	ΓΑ 🤄	Surcharge	Retaliator	y Tax Cred	it	
			Column A 1993	Column B 1994	Column C 1995	Column D 1996	Column E 1997
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 1993 MTA surcharge (may not exceed line 31, Column A)	32					
33	Ninety percent (.9) of retaliatory taxes paid this year attri the 1994 MTA surcharge (may not exceed line 31, Column						
34	Ninety percent (.9) of retaliatory taxes paid this year attri MTA surcharge (may not exceed line 31, Column C)				,	]	
35	Ninety percent (.9) of retaliatory taxes paid this year attri (may not exceed line 31, Column D)						
36	Ninety percent (.9) of retaliatory taxes paid this year attri line 31, Column E)						
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 2	27) .			38		
Cor	nposition of Prepayments Claimed on line 17						
					Date Paid	А	mount
39	Mandatory first installment						
40	CT-400 installments			40 (1)			
				(2)			
				(3)	<u> </u>		
41	Payment with extension application, Form CT-5, line 10 c				Ī	41	
<b>42</b>	Credit from prior years					42	
	Add lines 39 through 42				Period	43	
44	Credit from Form CT-33 or CT-33-A					45	
45	Total prepayments (add lines 43 and 44; enter here and on lin	ne 17	)			45	

## 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 and forms, call the Business Tax Information Center at 1 800 972-1233. For general information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800.

**Fax-on-Demand Forms Ordering System -** Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

## Internet Access - http://www.tax.state.ny.us

Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a 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 the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.