



CT-32-M

New York State Department of Taxation and Finance

Banking Corporation MTA Surcharge Return

Tax Law — Article 32, Section 1455-B

Amended return

All filers must enter tax period: beginning ending

Employer identification number	File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box		Date of incorporation	
City	State	ZIP code	Foreign corporations: date began business in NYS
NAICS business code number (see instructions)	Principal business activity		Audit (for Tax Department use only)

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 phone. See the *Need help?* section on the back page of the instructions.

A. Pay amount shown on line 14. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A.

Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage

1	Gross income within MCTD (see instructions)	1.	
2	Gross income within New York State	2.	
3	MCTD gross income allocation percentage (divide line 1 by line 2)	3.	%

Computation of MTA surcharge

4	Net New York State franchise tax (see instructions)	4.	
5	Allocated tax (multiply line 4 by line 3)	5.	
6	MTA surcharge (multiply line 5 by 17% (.17))	6.	
First installment of estimated MTA surcharge for next period:			
7a	If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 ...	7a.	
7b	If you did not file Form CT-5 or Form CT-5.3, see instructions	7b.	
8	Add lines 6 and 7a or 7b	8.	
9	Total prepayments (from line 25)	9.	
10	Balance (if line 9 is less than line 8, subtract line 9 from line 8)	10.	
11	Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	11.	
12	Interest on late payment (see instructions)	12.	
13	Late filing and late payment penalties (see instructions)	13.	
14	Balance due (add lines 10 through 13; enter payment on line A above)	14.	
15	Overpayment (if line 8 is less than line 9, subtract line 8 from line 9; see instructions)	15.	
16	Amount of overpayment to be credited to New York State franchise tax	16.	
17	Amount of overpayment to be credited to MTA surcharge for next period	17.	
18	Amount of overpayment to be refunded	18.	

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**

Computation of prepayments on line 9 <i>(see instructions)</i>		Date paid	Amount
19 Mandatory first installment	19.		
20a Second installment from Form CT-400	20a.		
20b Third installment from Form CT-400	20b.		
20c Fourth installment from Form CT-400	20c.		
21 Payment with extension request, Form CT-5, line 10, or Form CT-5.3, line 13 ..	21.		
22 Overpayment credited from prior years		22.	
23 Add lines 19 through 22		23.	
24 Overpayment credited from Form CT-32 or CT-32-A <input type="text" value="Period"/>		24.	
25 Total prepayments <i>(add lines 23 and 24; enter here and on line 9)</i>		25.	



Change in Mailing Address and Assistance Information for Prior Year Corporation Tax Forms

Beginning on January 2, 2015, we changed processing centers.

Any corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Department – IT-2659, PO Box 397, Albany NY 12201-0397, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT
PO BOX 15179
ALBANY NY 12212-5179**

Any corporation tax filing extension request form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22094, Albany NY 12201-2094, or NYS Tax Corporation Tax, Processing Unit, PO Box 22102, Albany NY 12201-2102, must be mailed to this address instead (see *Private delivery services* below):

**NYS CORPORATION TAX
PO BOX 15180
ALBANY NY 12212-5180**

Any C corporation, banking corporation, insurance corporation, Article 9 corporation, and Article 13 corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 1909, Albany NY 12201-1909; NYS Tax Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038; NYS Tax Corporation Tax, Processing Unit, PO Box 22095, Albany NY 12201-2095; NYS Tax Corporation Tax, Processing Unit, PO Box 22093, Albany NY 12201-2093; or NYS Tax Corporation Tax, Processing Unit, PO Box 22101, Albany NY 12201-2101, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT
PO BOX 15181
ALBANY NY 12212-5181**

Any S corporation tax form for tax years 2014 or before that instructs you to mail the form to: NYS Tax Corporation Tax, Processing Unit, PO Box 22092, Albany NY 12201-2092, or NYS Tax Corporation Tax, Processing Unit, PO Box 22096, Albany NY 12201-2096, must be mailed to this address instead (see *Private delivery services* below):

**NYS TAX DEPARTMENT
PO BOX 15182
ALBANY NY 12212-5182**

Note: Forms mailed to the old addresses may be delayed in processing.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery.

For all the forms referenced above, if you are using a private delivery service, send to:

NYS TAX DEPARTMENT
CORP TAX PROCESSING
90 COHOES AVE
GREEN ISLAND NY 12183

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

Corporation Tax Information Center: (518) 485-6027

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



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, call the information center.