



CT-3M/4M

New York State Department of Taxation and Finance

General Business Corporation MTA Surcharge Return

Staple forms here

Tax Law — Article 9-A, Section 209-B

All filers must enter tax period:

Amended return

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	

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, by fax, or by phone. See *Need help?* in the instructions.

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-3, CT-3-A, or CT-4. The **MCTD includes** the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	A.	<input type="text"/>

Computation of MTA surcharge

1 Net New York State franchise tax (see Form CT-3M/4M-I, Instructions for Form CT-3M/4M)	1.	
2 MCTD allocation percentage from line 35, line 43, or line 45	2.	%
3 Allocated franchise tax (multiply line 1 by line 2)	3.	
4 MTA surcharge (multiply line 3 by 17% (.17))	4.	

First installment of estimated tax for next period:

5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10	5a.	
5b If you did not file Form CT-5 or CT-5.3, see instructions	5b.	
6 Add lines 4 and line 5a or 5b	6.	
7 Total prepayments from line 52	7.	
8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)	8.	
9 Penalty for underpayment of estimated MTA surcharge (mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	9.	
10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)	10.	
11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)	11.	
12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)	12.	
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)	13.	
14 Amount of overpayment to be credited to New York State franchise tax	14.	
15 Amount of overpayment to be credited to MTA surcharge for next period	15.	
16 Amount of overpayment to be refunded	16.	

Schedule A — Computation of MCTD allocation percentage

Schedule A, Part 1 — MCTD allocation (see instructions)		A	B
Average value of property (see instructions)		MCTD	New York State
17 Real estate owned	17.		
18 Real estate rented	18.		
19 Inventories owned	19.		
20 Tangible personal property owned	20.		
21 Tangible personal property rented	21.		
22 Total (add lines 17 through 21)	22.		
23 MCTD property factor (divide line 22, column A, by line 22, column B)	23.		%

(continued)

Receipts in the regular course of business from:

24 Sales of tangible personal property shipped to points within MCTD	24.			
25 All sales of tangible personal property	25.			
26 Services performed.....	26.			
27 Rentals of property.....	27.			
28 Royalties.....	28.			
29 Other business receipts	29.			
30 Total (add lines 24 through 29).....	30.			
31 MCTD receipts factor (divide line 30, column A, by line 30, column B)	31.			%
32 Payroll — Wages and other compensation of employees except general executive officers	32.			
33 MCTD payroll factor (divide line 32, column A, by line 32, column B).....	33.			%
34 Total MCTD factors (add lines 23, 31, and 33)	34.			%
35 MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)	35.			%

Schedule A, Part 2 — Computation of MCTD allocation for aviation corporations (see instructions)

		A MCTD	B New York State	
36 Revenue aircraft arrivals and departures	36.			
37 MCTD percentage (divide line 36, column A, by line 36, column B)	37.			%
38 Revenue tons handled	38.			
39 MCTD percentage (divide line 38, column A, by line 38, column B)	39.			%
40 Originating revenue.....	40.			
41 MCTD percentage (divide line 40, column A, by line 40, column B)	41.			%
42 Total (add lines 37, 39, and 41)	42.			%
43 MCTD allocation percentage (divide line 42 by three; enter here and on line 2).....	43.			%

Schedule A, Part 3 — Computation of MCTD allocation for trucking and railroad corporations (see instructions)

		A MCTD	B New York State	
44 Revenue miles.....	44.			
45 MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2)	45.			%

Composition of prepayments claimed on line 7 (see instructions)

		Date paid	Amount
46 Mandatory first installment	46.		
47a Second installment from Form CT-400	47a.		
47b Third installment from Form CT-400.....	47b.		
47c Fourth installment from Form CT-400	47c.		
48 Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13.	48.		
49 Overpayment credited from prior years.....	49.		
50 Add lines 46 through 49	50.		
51 Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>	51.		
52 Total prepayments (add lines 50 and 51; enter here and on line 7)	52.		

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) 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	Date

See instructions for where to file.