

CT-32-M New York State Department of Taxation and Finance Banking Corporation MTA Surcharge Return Tax Law - Article 32, Section 1455-B

					All filers must enter tax period:						
Amended return						beginning 			ending •		
										•	
	Employer identification number (EIN)	File number	Busines	s telephone numbe	er	If you claim an overpayment, m	nark —	_			
			()		an X in the box	L				
	Legal name of corporation				Trade name/DE	BA					
	Mailing name (if different from legal name above)				State or country	y of incorporation	Date red	ceived (f	for Tax Department	use only)	
	c/o										
	Number and street or PO box				Date of incorp	oration					
	City	State	ZIP c	ode	Foreign corpora business in NYS	tions: date began					
	NAICS business code number (from NYS Pub 910)	NYS principal business act	tivity				Audit (fo	or Tax De	epartment use only)	
							1				
	If you need to update your address of			poration tax,	, or other ta	x types,					
	you can do so online. See Business						<u> </u>				
Ą	Pay amount shown on line 14. Mak	ke payable to: New	York Sta	ate Corpora	tion Tax		. —	P	ayment enclosed	t	
1	Attach your payment here. Detach	all Check Stubs. (Se	ee mstruct	ioris for details	S.)		A				
1 2							1 2		mon donorio)		
	MCTD gross income allocation pe	• .	1 by line	2)			3			%	
Co	emputation of MTA surcharge	€									
4	Net New York State franchise tax (see instructions)				•	4				
5	Allocated tax (multiply line 4 by line 3	3)				•	5				
6		' "					6				
	First installment of estimated M		_								
7 <i>a</i>	If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10										
7k	•					_					
8							8				
ç	Total prepayments (from line 25)										
10	Balance (if line 9 is less than line 8, su	ıbtract line 9 from line	e 8)			1	10				
11	, , , , , , , , , , , , , , , , , , , ,	•			,]•	-				
12											
13	3										
14						_					
15	1 7 (-			•		15				
16	. ,			,		•					
17			_	next period (s	see instructio	ns)	1			$-\!\!\!\!+\!$	
40	Amount of avaragement to be refu	· · · · · · · · · · · · · · · · · · ·	1			_	40			ı	

Con	iputation of prepayments on line 9 (see instructions)		Date paid		Amount						
19	Mandatory first installment	19									
20a	Second installment from Form CT-400	20a									
20 b	Third installment from Form CT-400	20b									
20c	Fourth installment from Form CT-400										
21	Payment with extension request, Form CT-5, line 10, or Form CT-5.3, line 13										
22	Overpayment credited from prior years		22								
23	Add lines 19 through 22		23								
24	n n n n n n n n n n n n n n n n n n n		24								
25	Total prepayments (add lines 23 and 24; enter here and on line 9)		25								
Third - party designee Yes No Designee's name (print) Designee's phone number () Designee's phone number ()											
1	Designee's e-mail address				PIN						
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.											
Auth	Printed name of authorized person Signature of authorized person		Official	title							
	Son E-mail address of authorized person	elephone number)		Date							
P	aid Firm's name (or yours if self-employed)	Firm's EIN	N	Prepar	rer's PTIN or SSN						
u	Signature of individual preparing this return Address		City	Sta	ate ZIP code						
	nly E-mail address of individual preparing this return		Preparer's NYTPF	RIN	Date						

See instructions for where to file.

