

New York State Department of Taxation and Finance General Business Corporation Franchise Tax Return

Tax Law — Article 9-A

				All filers	must enter	tax period:				
Final return (see page 5 of the instructions) Amended return				beginnin	g I	е	nding I			
Employer identification number		File number	Business te	lephone number		If you have any incorporated ou mark an X in the	tside NYS,	• 🗀	If you clai overpaym an X in th	nent, mark 🦳
Legal name of corporation			,		Trade name/DB	3A			'	
Mailing name (if different from legal name above)					State or country	of incorporation	Date receive	ed (for T	ax Departm	ent use only)
C/O Number and street or PO box					Date of incorpo	ration				
Number and street or PO box					Date of incorpo	nation				
City		State	ZIP code		Foreign corporati business in NYS	ions: date began				
NAICS business code number (from federal return)	If address/p above is ne mark an X i	ew,	information	for corporation	ur address or pon tax, or other ine. Visit our W	r tax	Audit (for Ta	x Depa	rtment use o	only)
Principal business activity		-	at www.nys my address	stax.gov and lo	ook for the cha rwise, see <i>Bus</i>	inge				
. Pay amount shown on line 93. Mai Attach your payment here. Detach	ke payab all checl	ole to: <i>New</i> ' k stubs. <i>(See</i>	York State e instruction	e Corporat es for details.	ion Tax		Α.	Payr	nent enclo	osed
Form 1120 Consolidated basis	Form 1	e): Attach 1120-H 120S			_	ral return. Form 1120 Other:		Form	ո 1120-Բ	RIC I
Form CT-60-QSSS		• ,					attach			
. Have you underreported your tax of	due on pa	ast returns?	To correct	t this witho	ut penalty,	visit us at n	/ww.nyst	tax.g	ov.	
i. Did the entity have an interest in rein the appropriate box)		=			_	-		Y	es ●	No ●
Has there been a transfer or acqui		_		=	_	=			es ●	No ●
									(0	continue

Com	putation of entire net income (ENI) ba	ise	(see instructions)		
1	Federal taxable income (FTI) before net ope	ratir	ng loss (NOL) and special deductions	. • 1.	
2	Interest on federal, state, municipal, and oth	er o	bligations not included on line 1 (see instructions	2.	
3	Interest paid to a corporate stockholder owni	ing n	nore than 50% of issued and outstanding stock.	● 3.	
4a	Interest deductions directly attributable to	sub	sidiary capital	. • 4a.	
4b	Noninterest deductions directly attributable	e to	subsidiary capital	. • 4b.	
5a	Interest deductions indirectly attributable t	to su	ıbsidiary capital	. ● 5a.	
5b	Noninterest deductions indirectly attributa	ble t	to subsidiary capital	. • 5b.	
6			deducted on your federal return (see instructions		
7			cable (see instructions)		
8	Other additions (see instructions) • IRC Section			. • 8.	
9	Add lines 1 through 8			. • 9.	
10	Income from subsidiary capital (from Form C	T-3-/	ATT, line 26) • 10.		
11	Fifty percent of dividends from nonsubsidiary				
12	Foreign dividends gross-up not included on	-			
13	New York net operating loss deduction (NO				
	New York State computations)		• 13.		
14	Allowable New York State depreciation from Form CT-3	99, if	applicable (see instr.) • 14.		
15	Other subtractions (attach list; see instructions,)	• 15.		
16	Total subtractions (add lines 10 through 15)			. • 16.	
17	ENI (subtract line 16 from line 9; show loss with a	a min	nus (-) sign; enter here and on line 42)	. • 17.	
18	Investment income before allocation (from Fe	orm (CT-3-ATT, line 22, but not more than line 17 above).	. • 18.	
19			8 from line 17)	. • 19.	
20	Allocated investment income (multiply line 18	by •	% from Form CT-3-ATT, line 5)	. • 20.	
21	Allocated business income (multiply line 19 by	, •	% from line 119, 121, or 141)	. • 21.	
22	Total allocated income (add lines 20 and 21)			. • 22.	
23	Optional depreciation adjustments (attach Fo	orm (CT-324; enter here and on line 69)	. • 23.	
				. • 24.	
25	ENI base tax (multiply line 24 by the appropriate				
			72)	. • 25.	
Com	putation of capital base (enter whole do	llars	for lines 26 through 31; see instructions)		
			AB		C
			Beginning of year End of year		Average value
26		26.	<u> </u>		
27	Real property and marketable securities				
	included on line 26	27.			
	Subtract line 27 from line 26	28.			
29	Real property and marketable securities				
	at fair market value	29.			
	Adjusted total assets (add lines 28 and 29)	30.			
31	Total liabilities	31.		00	
32), column C)		
33			none, enter 0)		
34			from line 32)		
35			umn E; if none, enter 0)		
36		_	9/ (5 070 477 // 5)		
37	Allocated investment capital (multiply line 35 by	- =	% from Form CT-3-ATT, line 5)		
38	Allocated business capital (multiply line 36 by		% from line 119, 121, or 141)		
39					
40 41	Issuer's allocation percentage (see instruction		- 41	. • 40. %	
	133451 3 anotation pertentage (see instruction	13 <i>)</i>	······································	/0	

Con	putation of minimum taxable income (MTI) base		
42	ENI from line 17	42.	
Adju	stments (see instructions)		
43	Depreciation of tangible property placed in service after 1986 (see instructions)	43.	
44	Amortization of mining exploration and development costs paid or incurred after 1986	44.	
45	Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) •	45.	
46	Basis adjustments in determining gain or loss from sale or exchange of property	46.	
47	Long term contracts entered into after February 28, 1986	47.	
48	Installment sales of certain property	48.	
49	Merchant marine capital construction funds	49.	
50	Passive activity loss (closely held and personal service corporations only)	50.	
51	Add lines 42 through 50	51.	
Тах р	preference items (see instructions)		
52	Depletion	52.	
53	Appreciated property charitable deduction	53.	
54	Intangible drilling costs	54.	
55	Add lines 51 through 54	55.	
56	New York NOLD from line 13	56.	
57	Add lines 55 and 56	57.	
58	Alternative net operating loss deduction (ANOLD) (see instructions)	58.	
59	MTI (subtract line 58 from line 57)●	59.	
60	Investment income before apportioned NOLD (add line 18 and Form CT-3-ATT, line 21)	60.	
61	Investment income not included in ENI but included in MTI	61.	
62	Investment income before apportioned ANOLD (add lines 60 and 61)	62.	
63	Apportioned New York ANOLD (see instructions)	63.	
	Alternative investment income before allocation (subtract line 63 from line 62)		
65	Alternative business income before allocation (subtract line 64 from line 59)		
66			
67	Allocated alternative investment income (multiply line 64 by	67.	
68	Allocated MTI (add lines 66 and 67)	68.	
69	Optional depreciation adjustments from line 23		
70	MTI base (line 68 plus or minus line 69)		
71	Tax on MTI base (multiply line 70 by 1.5% (.015))	71.	

(continued)

Com	putation of tax			
72	Tax on ENI base from line 25	•	72.	
73	Tax on capital base from line 40 (see instructions)			
	New small business: First year ● Second year ●	•	73.	
You	must enter an amount on line 74a below; if none, enter 0.			
74a	New York receipts (see instructions)			
74b	Fixed dollar minimum tax (see instructions)	•	74b.	
75	Amount from line 71, 72, 73, or 74b, whichever is largest (see instructions for exception)	•	75.	
76	Subsidiary capital base from Form CT-3-ATT, line 31	•	76.	
77	Subsidiary capital base tax from Form CT-3-ATT, line 32	•	77.	
78	Tax due before credits (add lines 75 and 77)	•	78.	
79	Tax credits (from line 100a; attach appropriate form for each credit claimed)	•	79.	
80	Balance (subtract line 79 from line 78; if line 79 is more than line 78, enter 0)	•	80.	
81	Amount from line 71 or 74b, whichever is larger	•	81.	
82	Tax due (see instructions)		82.	
First	installment of estimated tax for next period:			
83a	If you filed a request for extension, enter amount from Form CT-5, line 2	•	83a.	
83b	If you did not file Form CT-5 and line 82 is over \$1,000, see instructions	. [83b.	
84	Add line 82 and line 83a or 83b		84.	
85	Total prepayments from line 106	•	85.	
86	Balance (subtract line 85 from line 84; if line 85 is more than line 84, enter 0)		86.	
87	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) ●	•	87.	
	Interest on late payment (see instructions)			
89	Late filing and late payment penalties (see instructions)	•	89.	
	Balance (add lines 86 through 89)		90.	
	ntary gifts/contributions (see instructions):			
91a	Amount for Return a Gift to Wildlife	00		
91b	Amount for Breast Cancer Research and Education Fund 91b.	00		
91c	Amount for Prostate Cancer Research, Detection, and Education Fund 91c.	00		
91d	Amount for 9/11 Memorial	00		
	Total (add lines 84, 87, 88, 89, and 91a through 91d)		92.	
93	Balance due (If line 85 is less than line 92, subtract line 85 from line 92 and enter here. This is the			
	amount due; enter the payment amount on line A on page 1)	[93.	
94	Overpayment (If line 85 is more than line 92, subtract line 92 from line 85. This is your overpayment;			
	enter here and see instructions)		94.	
95	Amount of overpayment to be credited to next period	[95.	
96	Balance of overpayment (subtract line 95 from line 94)	•	96.	
	Amount of overpayment to be credited to Form CT-3M/4M			
	Refund of overpayment (subtract line 97 from line 96)			
	Refund of unused tax credits (see instructions and attach appropriate forms)		99a.	
99b	Tax credits to be credited as an overpayment to next year's return (see instructions and attach			
	appropriate forms)		99b.	

(continued)

Sumn	nary of credits claimed on line	79 against cur	rent year's fr	anchise tax (see	instructio	ns for lin	es 79, 99a	a, 99b, 100)a, and 100b)		
Form (CT-38,	Form CT-246.	•		Form	CT-611.	•				
Form (CT-40•	Form CT-248.	•		Form	CT-611.	1				
Form (CT-41	Form CT-249.	•		Form	CT-612.	•				
Form (CT-43	Form CT-250.	•		Form CT-613						
Form (CT-44•	Form CT-259.	•		Form CT-631						
Form (CT-46•	Form CT-601.	•		Servic credit	ing moi	tgages				
Form (CT-47•	Form CT-601.	1		Form	DTF-61	9				
Form (CT-238•	Form CT-602	•		Form	DTF-62	1				
Form (CT-239•	Form CT-603.	•		Form	DTF-62	2				
Form (CT-241•	Form CT-604.	•		Form	DTF-62	4				
Form (CT-242•	Form CT-605.	•		Form	DTF-63	0				
Form (CT-243•	Form CT-606.	•		Other	credits.	•				
100a 1	claimed the QEZE tax reduction of Total tax credits claimed above (en Total tax credits above that are refoosition of prepayments on I	er here and on line 7 und eligible (see	9; attach form or s instructions)	statement for each tax o	credit claime	d) • 1	00a.		•		
						Date	paid	Amo	ount		
	Mandatory first installment										
	Second installment from Form C ⁻ Third installment from Form CT-4										
	Fourth installment from Form CT-										
	Payment with extension request										
	Overpayment credited from prior		·				104.				
	Overpayment credited from Form	•					105.				
	Total prepayments (add lines 101 ti			e 85)			106.				
	If you are a member of an affiliate										
	Name						EIN				
	•										
	If you are more than 50% owned	by another corp	poration, ente	r parent corporation	on name	and EIN					
	Name					,	EIN				

Inter	est paid to shareho	olders									
108	shareholders ownii than 50% of the co	make any payments treated ng directly or indirectly, indiv orporation's issued and outs es, complete the following a	riduall tandir	y or in the a	.ggr ock	regate, mo (? <i>(mark an</i>	re X in	the	108.	Yes •	No • □
Shar	eholder's name				,	SSN or EIN					
Inter	est paid to shareholder	Total indebtedness to sharehold	ler desc	cribed above	•	Total intere	st paid	I			
109	Is there written evide	nce of the indebtedness? (m	ark an	X in the app	ropi	riate box) .			109.	Yes ●	No •
111	If the Internal Revenulast five years, list	computing FTI on line 1 of the service (IRS) has complet years	ed an	audit of an	y of	f your retu	rns v	vithin the	110.		
Sche	dule A, Part 1 – C	omputation of business	allo			A	avi		В		
					/ Yc	ork State		E	verywl	nere	
		vals and departures	112a. 112b.				60	7			
	Adjusted NYS revenu	aw section 210.3(a)(7)(A)	1120.				.60	-			
1120	departures (multiply		112c								
113	-	entage (divide line 112c by line								• 113.	9/
		ed•						•		6 1101	1
			114b.				.60				
	Adjusted NYS revenu							-			
115	New York State perce	entage (divide line 114c by line	114a,	column B)						• 115.	9/
116a	Originating revenue		116a.	•				•			
116b	Adjustment per Tax L	aw section 210.3(a)(7)(A)	116b.				.60				
116c	Adjusted NYS origina (multiply line 116a, co	ating revenue olumn A, by line 116b)	116c.								
117	New York State perce	entage (divide line 116c by line	116a,	column B)						• 117.	9/
118	Total (add lines 113, 11	5, and 117)								118.	9/
119	New York business a Form CT-38, line 6)	llocation percentage (divide I	ine 11	8 by three; us	e to	compute i	ines 2	21, 38, and 6	6, and	• 119.	9/
Sche	dule A, Part 2 – C	omputation of business	allo	cation per	cer	ntage for	tru	cking and	railro	ad corpo	rations
_				New Yo	A ork	State		Eve	B rywher	e	
120	Revenue miles		20.				•				
121		ess allocation percentage (c and 66, and Form CT-38, line 6								• 121.	9,

Sch	edule A, Part 3 — Computation of busine	ess allo	ocation percentage (see	e instructions)	
Did y	ou make an election to use fair market value in	your pro	operty factor? (mark an X in	the appropriate box) Yes	• No •
	s is your first tax year, are you making the electi				
X	in the appropriate box)			Yes	• No •
	an X in the box if you are an air freight forward alified foreign air carrier (see instructions)				•
-					
-	are not an air freight forwarder acting as princi		-	_	
throu	gh 136 and enter on line 141 the receipts factor	comput	ed on line 136. The receipts	s factor is the business allocati	ion percentage.
			Α	В	
Aver	age value of property (see instructions)		New York State	Everywhere	
122	Real estate owned	122.		•	
123	Real estate rented	123.			
	Inventories owned	-		•	
	Tangible personal property owned			•	
	Tangible personal property rented				_
	Total (add lines 122 through 126)				
	New York State property factor (divide line 127,	column A	A, by line 127, column B)	• 12	.8. %
	eipts in the regular course of business from:				_
129	Sales of tangible personal property				
	allocated to New York State				
	All sales of tangible personal property	130.			_
	Services performed				
	Rentals of property				_
	Royalties				
	Other business receipts				
	Total (add lines 129 through 134)			M	
	New York State receipts factor (divide line 135,				
	New York State additional receipts factor (see	instructio	ns)	• <u>13</u>	37. %
Payr					\neg
138	Wages and other compensation of employees,	1 1		Ĭ	
	except general executive officers				2
	New York State payroll factor (divide line 138, co				
	Total New York State factors (add lines 128, 136		•		
	New York State business allocation percenta			<u> </u>	
Sche	edule A, Part 4 — Computation of alternative	e busine	ess allocation percentag	e for MTI base (see instruction	ns)
If you	ı are not an air freight forwarder acting as princ	inal or li	ke indirect air carrier or a	qualified foreign air carrier, cor	mplete only
	149 through 156 and enter on line 161 the rece				
	ation percentage.	•	,	·	
			A Nam Vanta Otata	D. Francischere	\neg
	age value of property (see instructions)	440	A — New York State	B — Everywhere	
	Real estate owned	142.			\dashv
	Real estate rented	143.			_
	Inventories owned	144.			\dashv
	Tangible personal property owned	145.			\dashv
	Tangible personal property rented	146.			_
	Total (add lines 142 through 146)		1 1 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0 0/
148	New York State property factor (divide line 147,	column A	A, by line 147, column B)		8. %

raye	o or o	1-3 (2009)											
Receip	pts in the	e regular course of bu	usiness from:										
		angible personal prope	Г				<u> </u>						
	allocat	ed to New York State		149.									
150 A	All sales	of tangible personal pro	operty	150.									
151 3	Services	performed		151.									
		of property	T T	152.									
153 F	Royalties			153.									
	-	siness receipts		154.									
		l lines 149 through 154)	ŀ	155.				•					
		State receipts factor (by lin	e 155	, column B)				. • 150	6.	
		State additional recei											
Payrol					,								
-		nd other compensation	of					•					
		ees, except general exec		158.									
159		State payroll factor (d.	-	•	y line	158.	column B)				. • 159	9.	
		v York State factors (ad											
		e business allocation			,								
					-,								
162 /	Are you d	laiming small business	s taxpayer statu	s for low	er E	NI ta	x rates? (see S	mall busir	ness				
	-	r definition <i>on page 16 of</i>								162.	Yes •		No •
163		rked Yes on line 162, e								163.			
	-	claiming qualified New							-				
	-	ructions; mark an X in the								164.	Yes •		No
165 /	•	laiming qualified New											
		tructions; mark an X in the								165.	Yes •		No
Amon		urn information								<u> </u>			
it tiling	an amei	nded return, mark an X	in the box for a	any items	s tha	t app	ory.						
Final fe	ederal de	etermination	● If ma	rked, en	ter d	ate c	of determinatio	n: •	_				
Net op	erating lo	oss (NOL) carryback	• Capi	tal loss c	arryl	back		•∐					
·	-	• •											
Federa	al return 1	iled Form 1139	• Form	1120X.				•∐					
Net a	neratio	g loss (NOL) inform	ation										
	-	· · · · ·								Т			
		NOL carryover total a											
		arryover total available		-			-			•			
		NOL carryforward total		-						•∟			
Federa	al NOL ca	arryforward total for fut	ture tax years							∙∟			
Corpo	rations	organized outside Ne	w York State:	Complete	e the	follo	wing for capit	al stock	issued ar	nd outsta	anding		
	er of par sha		Value				lumber of no-par				/alue		
			\$							\$			
		I -				, L							
	l – party	Yes No Des	signee's name (print)							Des	ignee's p	ohone n	umber
	signee	Designee's e-mail address								11			
,	structions)											IN	
Certifi	ication:			ments ar	e to	the b			and belief	true, co	rrect,	and co	omplete.
Auth	norized	Signature of authorized pers	son				Official title						
	erson	E-mail address of authorized	d person								Da	te	
			·										
Paid	d Firm'	s name (or yours if self-employed	d)	_	_					ID	number	. –	
prepa		ature of individual preparing t	this return	Address					City		State		ZIP code
use	e												
only	y E-ma	il address of individual prepa	aring this return								Da	te	
	1										1		



CT-4

New York State Department of Taxation and Finance General Business Corporation Franchise Tax Return Short Form

Tax Law — Article 9-A

			4	All filers n	nust ente	er tax period	l:		
Final return Amended return (see page 5 of the instructions)			1	beginning			ending		
Employer identification number		File number	Business telephone	number				If you claim	
			()					overpaymer an X in the I	
Legal name of corporation				Tra	de name/DB	A			
Mailing name (if different from legal name above)				Sta	ite or country	of incorporation	Date received (fo	or Tax Departmen	nt use only
c/o									
Number and street or PO box				Dat	te of incorpo	ration			
City		State	ZIP code		eign corporation	ons: date began	-		
NAICS business code number (from federal return) Principal business activity	If address/p above is ne mark an X i	w,	If you need to upd information for cor types, you can do www.nystax.gov a	poration tax so online. V	x, or other /isit our We	tax eb site at	Audit (for Tax De	partment use on	ly)
During the tax year did you do busing the tax year did you do busing detropolitan Commuter Transportatione counties of New York, Bronx, King lockland, Suffolk, and Westchester.	on Distric gs, Queer mark an X	et (MCTD)? Ins, Richmon	f Yes, you mus d, Dutchess, N priate box)	t file Forr assau, O	m CT-3N range, Pi	I/4M. The N utnam,	MCTD includ	Yes 📗	No ¶
Pay amount shown on line 43. Mal Attach your payment here. Detach	ke payab all checl	k stubs. <i>(See</i>	instructions for	poration details.)	ı ıax		A.	ayment enclose	5u
Federal return filed (you must mark a	n X in one	e): Attach	a complete c	opy of ye	our fede	ral return.			
Form 1120 Consolidated basis						Other: _			_• [
If you included a qualified subchap		- '	•				l attach		🗲
Have you underreported your tax of	due on pa	ast returns?	To correct this	without p	penalty,	visit us at v	vww.nystax.	.gov.	
Did the entity have an interest in re in the appropriate box)								Yes •	No ●[
Has there been a transfer or acquisin the appropriate box)		Ü		•	•	-	•	Yes •	No ●[
								(00	ontinue

Computation of entire net income (El	NI) base (see instruction	ons)	_						
1 Federal taxable income (FTI) before net ope	rating loss (NOL) and spe	ecial deductions	• 1.						
The state of the s	erest on federal, state, municipal, and other obligations not included on line 1 (see instruction erest paid to a corporate stockholder owning more than 50% of issued and outstanding stew York State and other state and local taxes deducted on your federal return (see instruction)								
	_	_							
5 Federal depreciation from Form CT-399, if a	_								
6 Add lines 1 through 5					\Box				
7 New York net operating loss deduction (NO									
8 Allowable New York State depreciation from	•								
9 Refund or credit of certain taxes (see instruct									
10 Total subtractions (add lines 7 through 9)					Т				
11 ENI base (subtract line 10 from line 6; show loss					Т				
12 ENI base tax (multiply line 11 by the appropriate	· · · · ·								
Form CT-3/4-I; enter here and on line 28)			• 12.						
·					_				
Computation of capital base (enter wh	ole dollars for lines 13	through 18; see instruction	ns)						
	A	В		С					
	Beginning of year	End of year		Average value					
13 Total assets from federal return		•	•						
14 Real property and marketable securities									
included on line 13			_ •						
15 Subtract line 14 from line 13			•						
16 Real property and marketable securities									
at fair market value			_ •						
17 Adjusted total assets (add lines 15 and 16)			•						
18 Total liabilities			•						
19 Capital base (subtract line 18, column C, from li					ـــــ				
20 Capital base tax (see instructions)			• 20.						
Computation of minimum taxable inc	ome (MTI) base								
<u> </u>			04		Т				
21 ENI base from line 11					\vdash				
22 Depreciation of tangible property placed in a					₩				
23 New York NOLD from line 7			· —		₩				
24 Total (add lines 21 through 23)					+				
25 Alternative net operating loss deduction (AN					₩				
26 MTI base (subtract line 25 from line 24)					+				
27 Tax on MTI base (multiply line 26 by 1.5% (.015); see instructions)		• 27.						
Computation of tax (continued on page	3)								
28 Tax on ENI base from line 12			28.		Τ				
29 Tax on capital base from line 20 (see instructions					T				
New small business: First year •			29.						
30 Fixed dollar minimum tax (See Table 7 in the 1	-								
must enter an amount on line 31; see instructio	, ,		30.						
31 New York receipts (see instructions)	_								
32 Tax due (amount from line 27, 28, 29, or 30, which			32.						
First installment of estimated tax for next per	-	. ,							
33a If you filed a request for extension, enter am		e 2	• 33a.						
33b If you did not file Form CT-5 and line 32 is o			_						
34 Add line 32 and line 33a or 33b					\top				
35 Total prepayments from line 54									
36 Balance (subtract line 35 from line 34; if line 35 i			_		\top				
	,								

Co	mputation of tax (continued from page 2)							
37	Estimated tax penalty (see instructions; mark an X in the box if Fo	orm CT-222 is a	ttached) •	•	37.			
	Interest on late payment (see instructions)				-			
	Late filing and late payment penalties (see instructions)							
	Balance (add lines 36 through 39)				40.			Т
	Intary gifts/contributions (see instructions):				-			
	Amount for Return a Gift to Wildlife	■ 41a.		00	•			
	Amount for Breast Cancer Research and Education Fund			00				
	Amount for Prostate Cancer Research, Detection, and Education Fu			00				
	Amount for 9/11 Memorial			00	-			
	Total (add lines 34, 37, 38, 39, and 41a through 41d)				42.			Т
	Balance due (If line 35 is less than line 42, subtract line 35 from line							\vdash
70	due; enter the payment amount on line A on page 1)				43			
44	Overpayment (If line 35 is more than line 42, subtract line 42 from a				70.			┢
77	here and see instructions)	-			44.			
45	Amount of overpayment to be credited to next period							\vdash
	·			_	_			_
	Balance of overpayment (subtract line 45 from line 44)							┈
	Amount of overpayment to be credited to Form CT-3M/4M							_
48	Refund of overpayment (subtract line 47 from line 46)				48.			
Co	mposition of prepayments on line 35 (see instruc	tions)	[Date p	paid	Amo	unt	
49	Mandatory first installment		49.					Т
	Second installment from Form CT-400							
	Third installment from Form CT-400							\vdash
	Fourth installment from Form CT-400							
	Payment with extension request from Form CT-5, line 5							\vdash
	Overpayment credited from prior years Period				52.			\vdash
	Overpayment credited from Form CT-3M/4M Period				53.			\vdash
	Total prepayments (add lines 49 through 53; enter here and on line	25)			54.			\vdash
	Total propayments (and lines 45 through 56, enter here and of link	00)			07.			
Inte	erest paid to shareholders							
55	Did this corporation make any payments treated as interest	in the compu	tation of ENI to					
00	shareholders owning directly or indirectly, individually or in							
	50% of the corporation's issued and outstanding capital			te box)				
	If Yes, complete the following and lines 56 through 59 (atta	ach additional s	heets if necessary)		55.	Yes ●	No ●	
	Shareholder's name	SSN or EIN						
56	Interest paid to shareholder			•	56.			
57	Total indebtedness to shareholder described above				57.			
58	Total interest paid			•	58.			
50	Is there written evidence of the indebtedness? (mark an X in t	tha annranriata	box		59.	Yes ●	No ●	
	rporations organized outside New York State o		<i>DOX)</i>		39.	163	140	_
	ital stock issued and outstanding:	111 y						—
Jup		ا ند	Value					
60	Number of par shares	\$						
٠.		\$	Value					
61	Number of no-par shares	20		- 1	1			

			tions)		
			ederal return		
65			eleted an audit of any of your returns within t	he	
		e years, list years:			
66	_	a member of an affiliated federal gro	up, enter primary corporation name and EIN		
	Name			EIN	
	<u> </u>				
67	If you are	more than 50% owned by another c	orporation, enter parent corporation name a	nd EIN:	
	Name			EIN	
	•			•	
68	-	_	us for lower ENI tax rates? (see Small business		, \square \square
00			ark an X in the appropriate box)		Yes ● No ●
	-		Il contributions (see worksheet in instructions)		
10	=		urer status for lower capital base tax limitation		Yes ● No
71			urer status for lower ENI tax rates? <i>(see instru</i>		140
					Yes ● No
Ame	nded ret	turn information			
If filin	g an ame	nded return, mark an $oldsymbol{\mathit{X}}$ in the box for	any items that apply.		
			_	_	
Final	federal de	etermination ● ☐ If m	arked, enter date of determination: •		
		(NOL)			
Net o	perating l	oss (NOL) carryback ●	oital loss carryback●		
Fede	ral return t	filed Form 1139 ● For	m 1120X•		
- Cac	rai retairi		III 1120/		
Net (operatin	g loss (NOL) information			
New	York State	NOL carryover total available for us	e this tax year from all prior tax years		
			x year from all prior tax years		
New	York State	NOL carryforward total for future ta	x years	• <u> </u>	
Fede	ral NOL ca	arryforward total for future tax years.			
This	ا المالية	Designee's name (pri	nt)	Design	nee's phone number
	d – party signee	Yes No No	<u> </u>	()
1	instructions)	Designee's e-mail address			PIN
Certi	fication:	certify that this return and any attac	hments are to the best of my knowledge and	d belief true, corr	ect, and complete.
Α	thorized	Signature of authorized person	Official title		·
	erson	E-mail address of authorized person			Date
Pa	aid Firm	's name (or yours if self-employed)		ID n	umber
prep	oarer Signa	ature of individual preparing this return	Address	City	State ZIP code
	se E-ma	ail address of individual preparing this return			Date
l oi					



New York State Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both) All filers must enter tax period: Tax Law - Articles 9-A, 13, 32, and 33 ending | Employer identification number Business telephone number File number Legal name of corporation Trade name/DBA Mailing name (if different from legal name) and address State or country of incorporation Date received (for Tax Department use only) c/o Number and street or PO box Date of incorporation City Foreign corporations: date begar business in NYS State Audit use If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in your franchise/business tax return Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file both returns. Note: Do not use this form if you are a combined filer, use Form CT-5.3 instead. Article 9-A **Article 13** Article 32 Article 33 CT-33-M CT-3 **■**□ **CT-33** CT-3M/4M **■** CT-13 ■ CT-32 **■** CT-32-M **■** or CT-4 **■** CT-33-C CT-33-NL ■ Payment enclosed Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) A. Computation of estimated franchise tax 1 Franchise tax from the worksheet in Form CT-5-I 2 First installment of estimated tax for the next tax year (see instructions) 2. 3 Total franchise tax and first installment (add lines 1 and 2) 3. Prepayments of franchise tax (from line 16, column A) 4. 5 Balance due — franchise tax (subtract line 4 from line 3) 5. Computation of estimated MTA surcharge 6 MTA surcharge from the worksheet in Form CT-5-I 8 Total MTA surcharge and first installment (add lines 6 and 7)..... 8. Prepayments of MTA surcharge (from line 16, column B) 9. **10** Balance due — MTA surcharge (subtract line 9 from line 8) 10. Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above) 11. Composition of prepayments — Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions. B. MTA surcharge Date paid A. Franchise tax 12 Mandatory first installment 12. 13a Second installment from Form CT-400 13a. 13b Third installment from Form CT-400 13c Fourth installment from Form CT-400..... 14 Overpayment credited from prior years..... 14. 15 Overpayment credited from Form CT-15. **16** Total prepayments (total all entries in column A and column B) ID number Firm's name (or yours if self-employed) **Paid**

See instructions for where to file.

Address

State

Date

City

7IP code

Signature of individual preparing this document

E-mail address of individual preparing this document

preparer

use

only

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Staple forms here



New York State Department of Taxation and Finance

Request for Additional Extension of Time to File

	•	:nise/busin – Articles 9,		•	rcnarge, c	or both)	All filers must enter tax period
	Iax Law	Ai doles s,	J A, 10,	,	beginning		ending
Employer identification number		File number	Business t	elephone number	·		-
egal name of corporation					Trade name/DE	BA .	
Mailing name (if different from legal	name)				State or country	y of incorporation	Date received (for Tax Department use of
:/o							
Number and street or PO box					Date of incorpo	oration	
Dity	State		ZIP code			ations: date bega	n
					business in NYS	5	Audit use
f you need to update your addres at www.nystax.gov and look for the nstructions.							1

Request for an additional extension of time to file the following forms: Mark an *X* in both boxes if you are requesting an additional extension for both a state tax return and an associated MTA surcharge return of the same type (for example, CT-183 and CT-183-M). A taxpayer who files more than one type of tax return (for example, CT-183 and CT-184 or CT-3 and CT-186-E) must file a separate extension form for each tax return.

Article 9	Article 9-A	Article 32
CT-183	CT-3 ■	CT-32
CT-184	or CT-3M/4M	CT-32-A
CT-184-R ■	CT-4 ■	
CT-185 ■	CT-3-A ■ CT-3M/4M ■	Article 33
CT-186		CT-33
CT-186-E ■		CT-33-C □
CT-186-EZ ■	Article 13	CT-33-A
CT-186-P	CT-13 ■	CT-33-NL CT-33-M
Explain in detail why you need additional tim	e to file:	
	any attachments are to the best of my know	ledge and belief true, correct, and complete.
Signature of authorized person	Official title	

See instructions for where to file.

Address

Date

Date

ZIP code

ID number

State

City

E-mail address of authorized person

Signature of individual preparing this document

E-mail address of individual preparing this document

Firm's name (or yours if self-employed)

Authorized

person

Paid preparer

use

only

Instructions

General information

If you have already applied for an extension of time to file your return(s) and you still need more time, use Form CT-5.1 to request an additional three-month extension. If you filed one extension form for both your tax return and MTA surcharge return, file only one Form CT-5.1 to request an additional three-month extension.

A corporation taxable under Article 9 with a valid three-month extension is limited to three additional three-month extensions.

A corporation taxable under Article 9-A, 13, 32, or 33 with a valid six-month extension is limited to two additional three-month extensions.

A separate Form CT-5.1 is required for each additional three-month extension. This form may be used by general business corporations and other kinds of corporations such as banks, insurance corporations, transportation corporations, and utilities.

New York S corporations may not use this form since they are not allowed an additional extension of time beyond six months.

Entering dates

Unless you are specifically directed to use a different format, enter dates in the *mm-dd-yy* format (using dashes and not slashes).

When to file

File Form CT-5.1 on or before the expiration of your current extension.

Where to file

Mail this form to: NYS CORPORATION TAX PROCESSING UNIT PO BOX 22102

ALBANY NY 12201-2102

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? 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. If you use any private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: State Processing Center, 431C Broadway, Albany NY 12204-4836.

Approval of request for additional extension

Additional time to file your return will be allowed if you meet the following conditions:

- you have a valid reason for requesting additional time; and
- you have filed a valid request for a franchise/business tax or MTA surcharge return extension (Form CT-5, CT-5.3, CT-5.9, or CT-5.9-E) on or before the original due date of the tax return.

Having an additional extension of time to file your federal tax return does not extend the filing date of your New York State franchise tax return.

Combined groups

A combined group must use one form to file the request for an additional extension. Use the name and employer identification number of the taxpayer that is designated as the parent corporation (the corporation responsible for filing franchise tax return Form CT-3-A, CT-32-A, or CT-33-A) when completing this form.

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms: Forms are available 24 hours a day,
7 days a week.
1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Corporation TaxInformation Center:(518) 485-6027In-state callers without free long distance:1 888 698-2908To order forms and publications:(518) 457-5431In-state callers without free long distance:1 800 462-8100



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at 1 800 634-2110. If you do not own a TTY, 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, call the information center.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.



Employer identification number

Staple forms here New York State Department of Taxation and Finance

Request for Six-Month Extension to File

Business telephone number

beginning |

(for combined franchise tax return, or combined MTA surcharge return, or both)

Tax Law — Articles 9-A, 32, and 33

File number

All filers must enter tax period:

ending

7	Legal name of corporation		,	Trade name/DBA			
ľ	Mailing name (if different from legal name) and address			State or country of incorporat	ion Date recei	ived (for Tax Department use or	ıly)
	c/o						
	Number and street or PO box			Date of incorporation			
ŀ	City State	ZIP c	ode	Foreign corporations: date be	gan		
	Olate	Zii 0	ode	business in NYS	Audit use		
	If you need to update your address or phone information f	or corporation tax, or other to	ax types, you can do	so online. Visit our Web	_		
	site at <i>www.nystax.gov</i> and look for the change my addres instructions.	ss option. Otherwise, see <i>Bus</i>	siness information in	your franchise tax return			
box mar Not	es Do not file this form if you are a QSSS the deductions are being treated as those of its	equesting an extension on a control of the control	n for both the fi you are reques	ranchise tax and MT ting an extension of	A surcharg time to file	ge returns. For examp both returns.	
	Article 9-A	Arti	cle 32		Arti	icle 33	
	CT-3-A ■ CT-3-M/4M ■	CT-32-A ■	CT-32-M	CT-3	3-A I	CT-33-M ■	
		0.027	0 : 02 iii •			0.00 m	
Α.	Day amount about an line 14 Make no	vable to: New Vert C	tata Carmarati	on Toy		Payment enclosed	
A	Pay amount shown on line 14. Make pay Attach your payment here. Detach all ch	eck stubs. (See instru	ctions for details.	on rax	■ A.	1 dymont cholocod	
1 2 3 4 5 6	mputation of estimated france Combined franchise tax from the workshe Combined minimum tax on member corp \$1,000 (from the worksheet; see instruction Combined minimum tax on member corp less (from the worksheet; see instructions). Total combined franchise tax and minimu (add lines 1, 2, and 3)	eet (see instructions) forations with a fixed as) forations with a fixed are forations.	dollar minimun dollar minimun prporations cuctions) rations, and	n tax of more than n tax of \$1,000 or rations	2. 3. 4. 5. 6.		
8	Balance due (subtract line 7 from line 6)				8.		
Co	mputation of estimated MTA	surcharge					
	Combined MTA surcharge from the works						\top
	First installment of estimated combined N				_		+
11	Total combined MTA surcharge and first in	_	-				+
12	Prepayments of combined MTA surcharge	•	*				T
	Balance due - combined MTA surcharge	•					Т
_	Total balance due (add lines 8 and 13 and er	•					Т

Combined filer information

				Intorma					
Part 1 — CT-3-A filers only	/ – member corpora	ations w	th a fixe	ed dollar ı	minim	um tax of	more tha	n \$1,00	00
A Member corporation name	B Employer identification	1	ax year	D Subsidiary fixed		E rior year ayments	Total C		G Amount paid with a separately
	number	from (mm-yy)	to (mm-yy)	dollar			βωσ,		filed CT-5 or CT-5.4 extension
45 Add amounts in Dort 1, as	aluma D		15.						
15 Add amounts in Part 1, co			<u> </u>	ced dollar	r minii	mum tax o	of \$1.000	or less	
Δ	В		C	D		E	F		G
Member corporation name	Employer identification number		to (mm-yy)	Subsidiary fixed dollar	pa	rior year ayments	Total C paym		Amount paid with a separately filed CT-5 or CT-5.4 extension
16 Add amounts in Part 2, co	olumn D		16.						
Part 3 — Parent or payor			'			Prior year	E payments	Total	F CT-400 payments
17 Parent or payor corporation	on's prepayments				17.				
Composition of prepayme of franchise tax on line 7 and the pre	ents — Use the following epayments of the MTA sure	worksheet t charge on li	o determine ne 12 <i>(</i> see	the prepaym instructions)	ents	A Combined fra	nchise tax	Comb	B ined MTA surcharge
Composition of prepayments		_		Date paid		Amou	ınt		Amount
18 Mandatory first installmen	0 1		18.						
19a Second installment of co	0 1		40						
Form CT-400			19a.					+	
19b Third installment of comb		.	19b.						
19c Fourth installment of con			190.						
Form CT-400	• .		19c.						
20 Overpayment credited from					20.				
21 Overpayment credited from	om Form CT	Perio	d	:	21.				
22 Total prepayments from r	member not previously	y included	d in the						
combined return					22.				
23 Total prepayments (total a		d column E	3)		23.			<u> </u>	
Paid Firm's name (or yours if se	elt-employed)							ID numbe	r
preparer Signature of individual p		Address				Cit	у	State	ZIP code
only E-mail address of individ	dual preparing this documen	t						Da	ate





New York State Department of Taxation and Finance

Request for Six-Month Extension to File New York S Corporation

All filers must enter tax period:

		i alicilise i	iax N	Ctuffi		beginni	na 🗖		or	nding		
Employer iden	tification number	File n	umber	Business tel	ephone numbe		19		61	iding		
. ,				()								
Legal name of	corporation			//		Trade nar	ne/DBA					
-												
Mailing name (if different from legal name) and add	ress				State or c	ountry of i	incorporation	Date receive	d (for Tax D	epartment use or	ıly)
c/o												
	treet or PO box					Date of in	corporation	on	1			
City		State		ZIP code				s: date begar				
						business i	n NYS		Audit use			
	update your address or phone info stax.gov and look for the change i											
_	quest a six-month ex ider Article 9-A you m					_					k an X in o	nly
		Articl	e 9-A		Ar	ticle 32	2					
		CT-3-	s 🗖		CT-3	2-S I						
		0.0				•						
. Pay amo I Attach y	ount shown on line 5. Ma our payment here. Detac	ike payable to: ch all check stu	New You lbs. (See	ork State e instruction	Corporat ns for detail	ion Tax 's.)			Α.	Payme	nt enclosed	
mputation	on of estimated franc	hise tax										
1 Franchi	se tax (see instructions)								1.			
2 First ins	stallment of estimated tax	x for the next to	ax year	(see instruc	ctions)				2.			
3 Total fra	anchise tax and first insta	allment <i>(add line</i>	s 1 and	2)					3.			
4 Prepayı	ments of franchise tax (fr	om line 10 below	/)						4.			
5 Balance	e due (subtract line 4 from l	line 3 and enter h	nere; ente	er the paym	nent amoun	t on line	A abov	e)	5.			
mpositio	n of prepayments -	If additional sp	ace is n	needed, en	nter see at	tached	in this	section a	and enter	all relev	ant prepayr	nen
ormation o	n a separate sheet. Inclu	de all amounts	in the t	total on lin	ie 10.		_					
						ı		Date p	aid		Amount	_
	ory first installment						6.					+
	installment from Form (ŀ						+
	stallment from Form CT-						7b.					\perp
	nstallment from Form C											\perp
8 Overpa	yment credited from pric	or years (see ins	tructions	s)					8.			
9 Overpa	yment credited from For	m CT	— Perio	d 					9.			\perp
IO Total pr	epayments (add all entries	in Amount colui	mn)						10.			\perp
T =-									11.5			
Paid Fir	m's name (or yours if self-employed	1)							∐ ID n	umber		
	nature of individual preparing the	his document	Addres	SS				City		State	ZIP code	
use										- In .		
only E-r	nail address of individual prepa	ring this document								Date		
1										1		

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New York State Department of Taxation and Finance

Request for Three-Month Extension To File (for Article 9 tax return, MTA surcharge, or both) Tax Law — Article 9 For calendar ve

	•		Tax Law — Ar	ticle 9			•			For calendar year 2	2009
I	Employer i	dentification number		File number	Business t	elephone number					
d					()						
	egal nam	e of corporation					Trade name/DB	A			
		me (if different from lega	ıl name)				State or country	of incorporation	Date re	ceived (for Tax Department use	e only)
- 1-	o/o	nd street or PO box					Date of incorpo	ration			
Ľ	vuilibei ai	Id Street of FO DOX					54.6 G66.P6				
(City		State		ZIP code		Foreign corporati business in NYS	ions: date began	Audit u	se	
a		stax.gov and look for t	ess or phone information for c the change my address option								
his	reque	est for an extens	sion of time to file a	pplies only t	o the fo	ms shown	below.				
oth	the bu	n the box(es) in one siness tax return a f time to file both re	e area only. Use one For and the MTA surcharge re returns.	m CT-5.9 and eturn. For exan	mark bot l nple, mar	h boxes in the k both the Cl	e appropriate F-186 box an	e area if you a d the CT-186	are req -M bo	uesting an extension for x if you are requesting	or an
CT-	183		CT-184 ■□	CT-18	4-R ■		CT-186			CT-186-P ■	
CT-	183-M		CT-184-M ■☐	CT-18	5		CT-186-M			CT-186-P/M ■	
A.			n line 11. Make payak here. Detach all chec						_	Payment enclosed	
<u>,</u>				K Stubs. (See	ii isti uctio	ns for details.	/		Α.		
_		tion of estima							4		
1			see instructions)						1.		
2			stimated tax for the n					_	2.		
3			tallment (add lines 1 ar	•					3.		
4		•	from line 16, column A)					_	4.		
			nd first installment (so		om line 3,				5.		
or	nputa	tion of estima	nted MTA surcharg	je							
6	MTA	surcharge from	worksheet (see instruc	tions)					6.		
7	First	installment of es	stimated MTA surchar	ge for the ne	xt tax ye	ar (see instru	ctions)		7.		
8	Total	MTA surcharge	and first installment (add lines 6 and	d 7)				8.		
9	Prep	ayments of MTA	surcharge (from line 1	6, column B)					9.		
10		•	surcharge and first in					_	10.		
11			ld lines 5 and 10 and en						11.		
			ents — Use the follow					0,			-
rep tta	aymer ched i	nts of tax on line n this section an	4 and line 9. If additional enter all relevant properties to the appropriate totals to the appropriate totals to the appropriate totals.	onal space is repayment inf	needed formatio	enter see n on a	В	A usiness tax		B MTA surcharge	e
						Date pai	d	Amount		Amount	
12	Man	datorv first instal	llment		12						
3a		•	rom Form CT-400								
3b			n Form CT-400			1					
3c			om Form CT-400								
14			ed from prior years (se				4.				+
15			ed from Form CT	Period			5.				
15 16			otal all entries in column	— L	··	_	6.				
10	iotal	prepayments (to	rai an Grunes III COIUMIII	A and Columnia	رم		J.			<u> </u>	
		Firm's name (or yours	s if self-employed)						П	D number	
P	aid	o ricarrio (or yours	con omprojedj						Ι.		
	parer	Signature of individu	ual preparing this document	Address	3			City	_	State ZIP code	
	ıse	E-mail address of in-	dividual preparing this docu	ıment						Date	
	nly	L man address of the		ai i i Gi i L						Date	

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See page 3 for third-party designee, certification, and signature entry areas.

18.

19.

Tax (line 15 or line 16, whichever is larger)

20 Interest on late payment (see instructions)

25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)

18 Total prepayments from line 46.....

19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)

17

Hav	e you been audited by the Internal Revenue Service in the past	5 yea	rs? Yes[No	If	Yes, list	years	:		
Fede	eral return was filed on: 990T Other:			Attach a	comp	lete cop	y of y	our fede	eral retur	rn.
Scl	nedule A – Unrelated business allocation									
busi	u did not maintain a regular place of business outside New Yorness is any office, factory, warehouse, or other space regularly in this allocation, attach a list of each place of business, the loc	used	by the tax	payer in it	s unre	lated bu	siness	. If you	nployees	
Ave	rage value of:		New	A York Stat	e	Е	B Everyv			
	Real estate owned (see instructions)	26.				_			\top	
	Gross rents (attach list; see instructions)									
28	Inventories owned									
	Other tangible personal property owned (see instructions)	-								
30	Total (add lines 26 through 29)								$\overline{}$	
31	Percentage in New York State (divide line 30, column A, by line 30		nn B)					31.		%
	eipts in the regular course of business from:		,							
	Sales of tangible personal property shipped to points within New York State	32.								
33	All sales of tangible personal property									
	Services performed									
	Rentals of property									
	Other business receipts									
37	Total (add lines 32 through 36)	37.								
38	Percentage in New York State (divide line 37, column A, by line 37	, colur	nn B)					38.		%
39	Wages, salaries, and other compensation of employees									
	(except general executive officers; see instructions)	39.								
40	Percentage in New York State (divide line 39, column A, by line 39	, colur	nn B)					40.		%
41	Total of New York State percentages (add lines 31, 38, and 40,									%
	Business allocation percentage (divide line 41 by three or by the	numbei	of percent	tages)						%
	nposition of prepayments claimed on line 18*				Dat	e paid		An	nount	
	Payment with extension request, Form CT-5, line 5									
	Second installment from Form CT-400									4
	Third installment from Form CT-400									+
	Fourth installment from Form CT-400						_			+
	Amount of overpayment credited from prior years						5.			+
46	Total prepayments (add lines 43 through 45; enter here and on line	18)		•••••		4	6.			
	*Taxpayers subject to the unrelated business income tax a If you did make these unrequired payments, report them of	re not on line	required t s 44a, 44b	o make es o, and 44c	timate	ed tax pa	ayment	ts.		
Am	ended return information									
If fili	ng an amended return, mark an $m{x}$ in the box for any items that	apply.								
Fina	I federal determination	te of c	determinat	tion: ●	_	-				
Net	operating loss (NOL) carryback • Capital loss carryb	ack					•[
Fede	eral return filed Form 1139 • Amended Form 99	0T					•[

Third – pa		Yes No Designee's name (print)			Designee (e's phone number)
designe (see instructi		Designee's e-mail address				PIN
Certificati	on: l	certify that this return and any attachm	ents are to the best	of my knowledge and belief true	e, correc	t, and complete.
Authoriz	ed	Signature of authorized person		Official title		
persor	n	E-mail address of authorized person		Date		
Paid	Firm'	s name (or yours if self-employed)			ID num	iber
preparer use	Signa	ature of individual preparing this return	Address	City	Sta	ate ZIP code
only	E-ma	all address of individual preparing this return				Date

CT-32 New York State Department of Taxation and Finance Banking Corporation Franchise Tax Return Tax Law — Article 32

			All filers must ente	r tax period:
Amended return			beginning	ending
Employer identification number (EIN)	File numbe	If address/phone below is new, mark an X in the box	Business telephone	number If you claim an overpayment, mark an X in the box
Legal name of corporation		-	Trade name/DBA	Date of incorporation
Mailing name (if different from legal name above) c/o			State or country of incorpo	pration Date received (for Tax Department use only
Number and street or PO box			County code	
City	State	ZIP code	Foreign corporations: date to business in NYS	pegan
NAICS business code number (from federal return)	can do so online. Visit our		r corporation tax, or other tax types look for the change my address op	
Principal business activity	ZIP code (U.S. headqu	uarters)	ry (foreign headquarters)	
pe of bank Clearinghouse	Savings	Other comme	rcial	New York assets Total assets everywhere
he IRS has completed an audit of ar				- I some descriptions
A. Pay amount shown on line 15. Ma Attach your payment here. Detact B. Federal return filed: (mark an X in o Form 1120 • Form 1	h all check stubs. (one box) Attach a	(See instructions for de	your federal return.	Payment enclosed r: Payment enclosed
2. If you included a qualified subchap	ter S subsidiary (QS	SSS) in this return, ma	ark an X in the box and	attach Form CT-60-QSSS
Are you a member of a federal co If Yes, complete items a throug		·		Yes ● No ● No
a. Number of corporations incl		ıl consolidated group)	•
	luded in the federa			
a. Number of corporations incl	luded in the federa axable income (FTI) stock of this corp) before the net oper	ating loss (NOL) dedu	indirectly,

Sche	dule A - Computation of tax and installment payments of estimated tax (see instruc	ctions,	Form CT-32-I)
	Allocated taxable entire net income (ENI) (enter amount from		
	line 61, and multiply by the tax rate of .071)	1.	
2	Allocated taxable alternative ENI from line 69	2.	
	Allocated taxable assets (enter amount from line 73		
	and multiply by the appropriate tax rate; mark an X in the box) .00002 ●●	3.	
4	Fixed minimum tax	4.	250 00
	Franchise tax (amount from line 1, 2, 3, or 4, whichever is largest)	5.	
	Tax credits (see instructions)		
	Net franchise tax (subtract line 6 from line 5)	7.	
_	First installment of estimated tax for next period:		
8a	If you filed an application for extension, enter amount from Form CT-5, line 2	8a.	
	If you did not file Form CT-5 and line 7 is over \$1,000, see instructions	8b.	
	Total (add line 7 and line 8a or 8b)	9.	
10	Total prepayments from line 167		
11	Balance (if line 10 is less than line 9, subtract line 10 from line 9)	11.	
	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	12.	
	Interest on late payment (see instructions)		
	Late filing and late payment penalties (see instructions)		
	Balance due (add lines 11 through 14 and enter here; enter payment amount on line A on page 1)		
	Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)	16.	
	Amount of overpayment to be credited to the next period	17.	
	Balance of overpayment (subtract line 17 from line 16)		
	Amount of overpayment to be credited to Form CT-32-M		
	Refund of overpayment (subtract line 19 from line 18; see instructions)		
	Refund of unused tax credits (see instructions)		
	Tax credits to be credited as an overpayment to next year's tax return (see instructions)		
	Issuer's allocation percentage (see instructions; show computation on page 9)	1	%
	dule B - Computation and allocation of ENI (see instructions)		
	FTI before NOL and special deductions	22.	
Addit	·		
23	Dividends and interest effectively connected with the conduct of a trade or business		
	not included on line 22	23.	
24	Income effectively connected with the conduct of a trade or business not included on line 22 •	24.	
25	Dividends and interest not included on line 22	25.	
26	Income taxes paid to the United States, its possessions, or foreign countries, deducted on		
	federal return	26.	
27	New York State franchise, MTA surcharges, and Article 23 MCTMT taxes deducted on federal return ●	27.	
28	Total federal depreciation from Form CT-399 and, if applicable, from lines 76 and 78	28.	
29	New York State gains or losses on disposition of property from line 80	29.	
30	Amount deducted on your federal return as a result of a safe harbor lease	30.	
31	Amount that would have been required to be included on your federal return except for a		
	safe harbor lease	31.	
32	Amount of special additional mortgage recording tax deducted on your federal return and		
	claimed as a tax credit	32.	
33	Any other federal deduction previously allowable as a deduction under Article 9-B or 9-C		
	(attach explanation)•	33.	
34	Bad debt deduction allowed under Internal Revenue Code (IRC) section 166 or 585	34.	
35	Twenty percent of the excess of bad debt deduction (see instructions; attach computation)	35.	
36	Other additions (see instructions) • IRC Section 199 deduction:•	36.	
37	Total additions (add lines 23 through 36)	37.	
			(continued)

Sche	dule B - Computation and allocation of ENI (continued)		
	actions		
38	Interest and other expenses not deducted on federal return that are applicable to		
	lines 23, 24, and 25	38.	
39	Enter total amount of allowable New York depreciation from Form CT-399 and, if applicable,		
	from line 79	39.	
40	Federal gains or losses on disposition of property from lines 81 and 83	40.	
41	Federal income or gain from installment method transactions under Article 9-B or 9-C	41.	
42	IRC section 78 dividends included in the computation of lines 22 through 25	42.	
43	Amount included on your federal return as a result of a safe harbor lease	43.	
44	Amount that would have been deducted on your federal return except for safe harbor lease •	44.	
45	Amount of wages not deducted on the federal return due to IRC section 280C (see instructions) •	45.	
46	Amount of money received from the FDIC, FSLIC, or RTC (see instructions)	46.	
47	· · · · · · · · · · · · · · · · · · ·	47.	
48		48.	
49	J	49.	
50	Interest income on obligations of New York State, its political subdivisions,		
	and the United States (attach list)\$ × 22½% (.225)	50.	
51	Adjusted eligible net income of an international banking facility (IBF) from line 107	51.	
52	Recaptured reserve for losses on loans for IRC section 585(c) taxpayers included on line 22 ●	52.	
53	Recoveries of charged-off loans included on line 22 for IRC section 585 taxpayers	53.	
54	Bad debt deduction under section 1453(h) (attach computation)	54.	
55	Bad debt deduction under section 1453(i) (attach computation)	55.	
56	New York State NOL deduction (see instructions)	56.	
57	Other subtractions from FTI (attach list; include S-6 dividend income:) •	57.	
58	· · · · · · · · · · · · · · · · · · ·	58.	
59a	ENI (add line 22 and line 37; subtract line 58)	59a.	
	Allocated ENI (multiply line 59a by	59b.	
	Optional depreciation adjustments (add lines 77 and 82)	60.	
	Allocated taxable ENI (line 59b plus or minus line 60; enter on Schedule A, next to line 1)	61.	
	dule C — Computation and allocation of alternative ENI		
	ENI from line 59a	62.	
	Interest income from subsidiary capital from line 47	63.	
	Dividend income and net gain from subsidiary capital from lines 48 and 49	64.	
65	Interest income on obligations of New York State, its political subdivisions, and the United States,		
	from line 50	65.	
	Alternative ENI (add lines 62 through 65)	66.	
67	Allocated alternative ENI: (multiply line 66 by	67.	
68		68.	
69	Allocated taxable alternative ENI (line 67 plus or minus line 68; enter here and on		
	Schedule A, next to line 2)	69.	

Tax rates Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates. Mark an X in the appropriate box in the last column and use this rate on line 3. If the net worth ratio (from line 74) is: included in total assets (from line 75) is: rate is: rate (from line 74) is: included in total assets (from line 75) is: rate is: rate 2. At least 4% but less than 4% 33% or more00002 At least 4% but less than 5% 33% or more00002 At least 4% but less than 5% 33% or more00001 Schedule E — Depreciation on certain property when method differs from federal Part 1 — Depreciation on qualified New York property acquired between January 1, 1964, and December 31, 1967 (fist each property and the date acquired here; for each property, complete columns C through H on the corresponding lines below; see instructions) Item Cost Federal depreciation prior years Federal depreciation prior years Pederal depreciation New York depreciation New York depreciation Undepreciated balance A Description of property A Description of property A Description of property and in this year Description New York depreciation New York depreciation This year Description of this year Description of this year Description New York depreciation This year Description Descr										
71 Money or other property received from the FDIC, FSLIC, or RTC (see instructions)		-			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Tax belies assets (subtract line 71 from line 70) Ye Ye Ye Tax belies assets: Tax belies assets: Tax belies assets: Tax belies assets: Ye Ye Tax belies assets: Ye Ye Ye Ye Ye Ye Ye Y	70	Average value of total a	ssets					70.		
Allocated taxable assets: (multiply line 72 by	71	Money or other property	y received from t	the F	DIC, FSLIC, or RTC (see instructions)		71.		
enter here and on Schedule A, next to line 3) 74 Compute net worth ratio: Net worth on last day of the tax year Total assets on last day of the tax year Total assets on last day of the tax year 75 Compute percentage of mortgages included in total assets: Neverage quarterly balance of mortgages included in total assets: Werage quarterly balance of total assets Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates. Mark an X in the appropriate box in the last column and use this rate on line 3. If the net worth ratio included in total assets tax appropriate (from line 74) is: Indicate the included in total assets tax appropriate (from line 75) is: Less than 4% 33% or more .00002 At least 4% but less than 5% 33% or more .00002 At least 4% but less than 5% 33% or more .00001 Schedule E — Depreciation on certain property when method differs from federal Part 1 — Depreciation on qualified New York property acquired between January 1, 1964, and December 31, 1967 (list each property and the date acquired here; for each property, complete columns C through H on the corresponding lines below; see instructions) Beach the decent of the column and the last column and the date acquired here; for each property, complete columns C through H on the corresponding lines below; see instructions) Beach the date acquired here; for each property, complete columns C through H on the corresponding lines below; see instructions) Beach through H on the corresponding lines below; see instructions) Beach through H on the corresponding lines below; see instructions) Beach through H on the corresponding lines below; see instructions) Beach through H on the corresponding lines below; see instructions) Combine this total assets.								72.		
75 Compute percentage of mortgages included in total assets: **Net worth oral last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the day of the tax year and total assets or last day of the day of the tax year and total assets or last day of the day	73	Allocated taxable assets	s: (multiply line 72	by [% from li	ne 161 or line 153;				
75 Compute percentage of mortgages included in total assets: **Net worth oral last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets on last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the tax year and total assets or last day of the day of the tax year and total assets or last day of the day of the tax year and total assets or last day of the day		enter here and on Sched	dule A, next to line	3)				73.		
Total assets on last day of the tax year Average quarterly balance of mortgages included in total assets: Tax rates Use the chart below to determine your tax rate. This rate must be used to compute the alternative minimum tax measured by taxable assets. You must meet both the net worth ratio and percentage of mortgages included in the total assets requirements to qualify for the lower tax rates. Mark an X in the appropriate box in the last column and use this rate on line 3. If the net worth ratio (from line 74) is: Included in total assets (from line 75) is: rate is:	74			Vét w	orth on last day of th	e tax year _				-
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C D E Item Cost Federal depreciation prior years Federal depreciation this year New York depreciation prior years New York depreciation this year Undepreciated balance A B C C C C C D Federal depreciation prior years New York depreciation this year Undepreciated balance A C C C C C C C C C C C C C C C C C C	Α									
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B C D D D D D D D D D D D D D D D D D D	Item		Federal deprecia	tion	Federal depreciation	New York depreciat	ion New York	depreci	ation	Undepreciated
C D D E Totals 76 Add column E amounts Combine this total with line 78, and enter on line 28.	Α									
E Totals 76 Add column E amounts Combine this total with line 78, and enter on line 28.	В									
Totals 76 Add column E amounts Combine this total with line 78, and enter on line 28.	С									
Totals 76 Add column E amounts Combine this total with line 78, and enter on line 28.	D									
76 Add column E amounts Combine this total with line 78, and enter on line 28.	Е									
76 Add column E amounts		s			•		•			
A CONTRACTOR A CHINARIA			th line 78, and e	nter	on line 28.			1	,	

Combine this total with line 82, and enter on line 60.

Item	A Description of property										B Date acquired										
Α																					
В																					
С														\perp							
D														1							
E	_	-								_					- 1						
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79 Ad	Combine this total dd Part 2 column G	am	ounts; enter on I	ine	39																
	e F — Computation Property acquired											-									
De	A escription of property		Cost or fair man			Se	C Iling	price		New Yor	D k gaiı	or los	s	E Federal gain or loss							
			On valuation	on a	iate					(column	C - c	olumn E	3)			or	1055				
			Un valuatio	on a	late					(column	C - c	olumn E	3)			Or	1055				
			Un valuation	on a	late					(column	C - co	olumn E	3)			or	1055				
										(column	C - co	blumn E				or	1055				
80 A	dd column D amou		otals (use minus (-	-) sig		licate nega	ntive	amoun	t) •	(column	C - cc	blumn E		•		or	1055				
	dd column D amou dd column E amou	nts;	otals (use minus (- enter on line 29	-) sig	gn to ind						C - co	blumn E		•		or	1055				
81 Ad	dd column D amou dd column E amou - Property on whic from federal dep	nts; nts; ch o l	otals (use minus (- enter on line 29 combine this tota ptional deprecia	al w	gn to ind	83, and	ente	r on lir	ne 4	.0					rk \$		<u> </u>	ered			
81 Ad rt 2 –	dd column E amou - Property on whic	nts; nts; ch o l	otals (use minus (- enter on line 29 combine this tota ptional deprecia	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0	d us	ed for	Nev		rk \$	State	<u> </u>	gain			
81 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (-enter on line 29 combine this totaliation deducted Barbereciation)	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk S	State	diffe	gain			
81 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (-enter on line 29 combine this totaliation deducted Barbereciation)	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk \$	State	diffe	gain			
31 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (-enter on line 29 combine this totaliation deducted Barbereciation)	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk S	State	diffe	gain			
31 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (- enter on line 29) combine this tota ptional deprecia- iation deducted	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk \$	State	diffe	gain			
81 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (- enter on line 29) combine this tota ptional deprecia- iation deducted	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk S	State	diffe	gain			
81 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch o l	ptals (use minus (- enter on line 29) combine this tota ptional deprecia- iation deducted	al watio	gn to indivith line on was o	83, and claimed	ente or o	r on lir	ne 4	.0he metho	d us	ed for	Nev		rk S	State	diffe	gain			
81 Ad	dd column E amou - Property on whic from federal dep A	nts; nts; ch oprec	ptals (use minus (- enter on line 29) combine this tota ptional deprecia- iation deducted	al w atio i bas c Sta	gn to indivith line on was of the line of	83, and claimed	or o	er on lir	ne 4	.0he metho	d us	ed for	Nev		rk \$	State	diffe	gain	- -		

Sche	dule G — Computation of IBF adjusted eligible net income or loss		
	corporation has an IBF located in New York State, mark an X in the appropriate box below and s		
rne c	orporation computed ENI using the: IBF modification method or IBF formula allocation me	etnoa 🔛	
Comp	outation of eligible gross income		
84	Interest income from eligible loans	84.	
85	Interest income from eligible deposits	85.	
86	Income from foreign exchange trading and hedging transactions	86.	
87	Fee income from eligible transactions	87.	
88	Eligible gross income (add lines 84 through 87)	88.	
Com	outation of applicable expenses		
	Direct expenses	89.	
	Indirect expenses		
	Total applicable expenses (add lines 89 and 90)		
Comr	outation of ineligible funding amount		
	Eligible net income (subtract line 91 from line 88)	92.	
	Average aggregate liabilities and other sources of funds of the IBF that are not owed to	021	
50	or received from foreign persons	93.	
94	Average aggregate liabilities and other sources of funds of the IBF		
	Divide line 93 by line 94		%
	Ineligible funding amount (multiply line 92 by line 95)		70
	Remaining amount (subtract line 96 from line 92; also enter on line 105)		
31	Tremaining amount (subtract line 50 from line 52, also enter on line 100)	31.	
Comp	outation of floor amount and adjusted eligible net income or loss		
98	Average aggregate amount of loans to and deposits with foreign persons in financial accounts		
	within New York State for tax years 1975, 1976, and 1977	98.	
99	Statutory percentage for the current tax year	99.	%
100	Multiply line 98 by line 99	100.	
101	Average aggregate amount of loans to and deposits with foreign persons in financial accounts		
	within New York State (other than IBF) for the current tax year	101.	
102	Balance (subtract line 101 from line 100)	102.	
	Average aggregate amount of loans to and deposits with foreign persons in financial		
	accounts of the IBF for the current tax year	103.	
104	Enter 100 or the percentage obtained by dividing line 102 by line 103, whichever is less		%
	Remaining amount (enter amount from line 97)		
106	Floor amount (multiply line 104 by line 105)	106.	
107	Adjusted eligible net income or loss (subtract line 106 from line 105; also enter on line 51)	107.	

Sche	dule H — Allocation percentages				
Are yo	ou a banking corporation described in Tax Law section 1452(a)(9)?			Yes •	No ∙
	ou substantially engaged in providing management, administrative, or estment company as such terms are defined in Tax Law section 1454(Yes •	
	answered Yes to both questions, then you must allocate using the re-				
Part 1	I — Computation of ENI allocation corporation has an IBF located in New York State, mark an <i>X</i> in the appropriation computed ENI using the: IBF modification method ●	propr	riate box below and see	instructions	
	are claiming an allocation outside New York, attach an explanation of ess carried on outside New York that gives you the right to allocate.	the	A New York State	E	B Everywhere
108	Wages, salaries, and other compensation of employees (except general executive officers)	108.		•	
109	Multiply line 108, column A, by 80% (.8)	109.			
110	Percentage in New York (divide line 109, column A, by line 108, column B)	110.		•	%
Recei	pts during the tax period from:				
111	Interest income from loans and financing leases	111.			
112	Other income from loans and financing leases	112.		•	
113	Lease transactions and rents	113.		•	
114	Interest from bank, credit, travel, entertainment, and other credit				
	card receivables	114.			
115	Service charges and fees from bank, credit, travel, entertainment,				
	and other credit cards	-			
116	Receipts from merchant discounts	116.		•	
117	Income from trading activities and investment activities	117.			
118	Fees or charges from letters of credit, traveler's checks, and				
	money orders				
	Performance of services				
120	Royalties	120.			
	All other business receipts			•	
	Total (add lines 111 through 121)			•	
	Percentage in New York (see instructions)	123.			%
	, , ,	124.			%
-	sits maintained in branches				
	Deposits of \$100,000 or more				
	Deposits of less than \$100,000				
	Add lines 125 and 126				
	Percentage in New York (divide line 127, column A, by line 127, column B)	128.			%
	Additional deposits factor (enter percentage from line 128)	129.			%
	Total of New York percentages (add lines 110, 123, 124, 128, and 129)	130.			%
	ENI allocation percentage (see instructions)	131.			%
	2 — Computation of alternative ENI allocation				
132	Wages, salaries, and other compensation of employees (except	100			
400	general executive officers)	$\overline{}$			24
	Percentage in New York State (divide line 132, column A, by line 132, column B)				%
	, , ,	134.			%
	Deposits factor (enter percentage from line 128)				% %
	Add lines 133, 134, and 135				% %
10/	AILETTIALIVE EIN AIIUGALIUT DETGETLAUE ISEE ITISTIUCTOTIST	1101.			70 !

Part 3	Computation of taxable assets allocation (see instructions)					
Includ	e all activities of an IBF in both the numerator (column A) and			Α	В	
denor	ninator (column B) when computing the taxable asset allocation		New \	York State	Everywhere	
138	Wages, salaries, and other compensation of employees (except				•	
100	general executive officers)	138.				
139	Multiply line 138, column A, by 80% (.8)					
	Percentage in New York (divide line 139, column A, by line 138, column B)	140.			•	%
	pts during the tax period from:				•	
	Interest income from loans and financing leases	141.				
	Other income from loans and financing leases				•	
	Lease transactions and rents				•	
144	Interest from bank, credit, travel, entertainment, and other credit				•	
	card receivables	144.				
145	Service charges and fees from bank, credit, travel, entertainment,				•	
	and other credit cards	145.				
146	Receipts from merchant discounts	146.				
147	Income from trading activities and investment activities	147.			•	
148	Fees or charges from letters of credit, traveler's checks, and money orders ●	148.			•	
149	Performance of services	149.			•	
150	Royalties	150.			•	
151	All other business receipts	151.				
152	Total (add lines 141 through 151)	152.			•	
153	Percentage in New York (see instructions)	153.	-		•	%
154	Additional receipts factor (enter percentage from line 153)	154.				%
Depo	sits maintained in branches					
155	Deposits of \$100,000 or more	155.				
156	Deposits of less than \$100,000	156.			•	
	Add lines 155 and 156				•	
158	Percentage in New York (divide line 157, column A, by line 157, column B)	158.	-		•	%
	3	159.	-			%
	Total of New York percentages (add lines 140, 153, 154, 158, and 159)		-			%
	1 3 1	161.			•	%
Com	position of prepayments on Schedule A, line 10 (see instruction	ns)				
				Date paid	Amount	
	Mandatory first installment					
	Second installment from Form CT-400					
	Third installment from Form CT-400					
	Fourth installment from Form CT-400					
	Payment with extension request from Form CT-5, line 5			1.00	-	
	Overpayment credited from prior years (see instructions)					
	Overpayment credited from Form CT-32-M					
167	Total prepayments (add lines 162 through 166; enter here and on line 10)			167	(.	

Comp	outation of	f the issuer's allocation	n percentage – Compl	ete M	1ethod 1, 2, or 3 (s	ee ins	tructio	ns)	_
Metho	d 1 – Ente	r the alternative ENI alloc	ation percentage from				Г		
			21)				•∟		%
Metho	od 2 – A Ne	w York State gross incon	ne		\$	\longrightarrow			
	B Wo	orldwide gross income			\$				
Divide	line A by lin	e B (enter here and on line 2	21)				•∟		%
		nputation of subsidiary on which is necessary.	capital allocated to New Y	ork St	tate – Attach separ	ate sh	eets d	isplaying this information	on
		•	name of each corporation and t	ho EIN	horo: for each corpor		omplot	o columns P through C ou	
		ling lines below)	iame or each corporation and t	IIC LIIV	riere, for each corpore	ition, c	ompier	s columns B through a or	,
Item	1		Name			-		EIN	
Α									
В									
C									
D									
E									
F_									
G									
A Item	B Voting stock owned %	C Average value of subsidiary capital	Current liabilities attributable to subsidiary capital		E Net average value (col. C – col. D)	lss allo	F uer's cation %	G Value allocated to New York State (col. E × col. F)	
A									Т
В									
С									
D									\perp
E						\perp			₽
F						+			₩
G									₩
	from attached list		100	_		\dashv	-		┿
		mutation of business of			••				Щ
			pital allocated to New You ne 70				169.		\top
	_		ie / 0				109.		
			apital from line 168, column E			+	-		
		=	and 171 from line 169)				172.		Т
			ercentage from line 137				173.		%
		•	ork State (multiply line 172 by				174.		Т
		putation of issuer's allo					· <u> </u>		
			allocated to New York State (a	dd line	168, column G and line 1	74)	175.		
			ns)				176.		
177	Issuer's allo	cation percentage (divide	line 175 by line 176; enter here	and o	n line 21)		177.		%

Summary	of t	ax credits claimed on line 6	against	current year's fra	anchise tax (at	tach applicable	forms; see	instruction	ns for line 6)
Form CT-4	1•	Fc	orm CT-6	601.1 •		Form CT-613	3•		
Form CT-4	3●	Fc	orm CT-6	602 •		Form CT-631	•		
Form CT-4	4●	Fc	orm CT-6	604 •		Form DTF-62	24 •		
Form CT-2	49 •	Fo	orm CT-6	606 •		Form DTF-63	30 •		
Form CT-2	50 •	Fo	orm CT-6	S11 •		Credit for servicing			
Form CT-2	59 •	Fo	orm CT-6	311.1 •		mortgages (attach stateme	ent) •		
Form CT-6	01 •	Fo	orm CT-6	312 •		Other credits	·•		
at	tach a	credits listed above (enter here a appropriate form or statement for e credits claimed on line 178 tha	ach credi	it claimed)		•			
		urn information			·		,		
If filing an	amer	nded return, mark an $\emph{\textbf{X}}$ in the b	ox for ar	ny items that apply.					
Final feder	al de	etermination	If marke	ed, enter date of de	termination: • _			_	
Capital los	s cai	rryback●	Federal	return filed	.Form 1139 ●	Form 112	20X•□		
Net oper	ating	g loss (NOL) information							
Federal NO New York	OL ca State	NOL carryover total available arryover total available for use to NOL carryforward total for fut arryforward total for fut y	his tax y ure tax y	rear from all prior ta	x years		•		
Third – pa	ее	Yes No Designee's na Designee's e-mail address	ame (print)				Designe (ee's phone n) PIN	umber
Certificati	on: l	certify that this return and any	attachm	ents are to the bes		dge and belief	true, corre	ct, and co	omplete.
Authoriz persor		Signature of authorized person E-mail address of authorized person			Official title			Date	
Paid	Firm'	s name (or yours if self-employed)					ID nui	mber	
preparer	Signa	ature of individual preparing this return		Address		City	St	ate 2	ZIP code
only	E-ma	ail address of individual preparing this re	turn	I				Date	

| Staple forms here | New York State Department of Taxation and Finance



CT-33

Life Insurance Corporation Franchise Tax Return

Tax Law — Article 33

Legal name of corporation Mailing name (if different from legal name above) State or country of incorporation Date received (for Tax Department use of incorporation Date received (for Tax Department use of incorporation Date received (for Tax Department use of incorporation Date of incorporation Date received (for Tax Department use of incorporation Date of incorporation Date of incorporation Date of incorporation Date received (for Tax Department use of incorporation Date of incorporation Date received (for Tax Department use of incorporation Date of incorporation Date received (for Tax Department use of incorporation Date received (for				All filers	s must enter tax period:
Legal name of corporation Legal name of corporation Trade name/DBA	Amended return			beginning	ending
Mailing name (if different from legal name above) c/o Number and street or PO box City State ZiP code Foreign corporation Date of incorporation Date of incorporation in date began Date of incorporation in the past open incorporation in or or other tax Would if or Tax Department use only Date of incorporation in the past open incorporation in the past open information in or or other tax Would if or Tax Department use only Date of incorporation in the past open incorporation in the past open incorporation in the past open information in or or other tax Would if or Tax Department use only Date of the change my address open information in or or other tax Would if or Tax Department use only Date of the change my address open information in the past open info	Employer identification number (EIN)	File number	Business telephone number	er	overpayment, mark
Date of incorporation Date of incorporation Date of incorporation	Legal name of corporation			Trade name/DBA	,
Number and street or PO box City State ZIP code Foreign corporation Foreign corporations: date began business in NYS NAICS business code number (from federal return) NAICS business code number (from federal return) Principal business activity If address/phone above is new, mark an X in the box mark an X in one box) Attach a complete copy of your federal return. Form 1120-L Form 1120-PC Consolidated basis Date of incorporation Foreign corporations: date began business in NYS Audit (for Tax Department use only) Audit (for Tax Department use only	Mailing name (if different from legal name above)			State or country of incorpor	ation Date received (for Tax Department use only)
City State ZIP code Foreign corporations: date began business in NYS NAICS business code number (from federal return)	c/o				
NAICS business code number (from federal return) NAICS business code number (from federal return) NAICS business code number (from federal return) If address/phone above is new, information for corporation tax, or other tax types, you can do so other tax types, you can do so other tax. Information in the instructions. Principal business activity If you need to update your address or phone information for corporation tax, or other tax types, you can do so other tax. Information in the instructions. If you need to update your address or phone information for corporation tax, or other tax. The phase are types, you can do so otherwise, see Business information in the instructions. If you need to update your address or phone information for other tax. The phase are types, you can do so other tax. The phase are types, you can do so other tax. The phase are types in the phase are types option. Otherwise, see Business information in the instructions. If you need to update your address or phone information for other tax. The phase are types option. Other with types, you can do so other the phase are types option. Otherwise, see Business information in the instructions. If you need to update your address or phone information for other tax. The phase are types option. Other with types, you can do so other the phase are types, you can do so other the phase are types. If you can do so other tax types, you can do so other types. If you can do so other types are types are types are types are types are types. If you need to update your address or other tax or other tax. If you need to update your address or other tax. If you need to update your address or other tax. If you need to update your address or the change my address option. If you can do so other tax types, you can do so other the change my address option. If you can do so other types are types are types are types are types. If you need to update your address or the the ange of the tax types. If you need to update your address or the the ange of the tax	Number and street or PO box			Date of incorporation	
above is new, mark an X in the box mark an X in the box option. Vibration of corporation tax, or other tax mark an X in the box option. Vibration on online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in the instructions. The principal business activity information for corporation tax, or other tax to go online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in the instructions. The principal business activity information for details, option of the corporation in the etropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see instructions) Yes option. A. Pay amount shown on line 21. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) A. Payment enclosed Attach your payment here. Detach all check stubs. (See instructions for details.) A. Payment enclosed Attach your federal return. Form 1120-L • Form 1120-PC • Consolidated basis • Other: The primary corporation name and EIN Name EIN EIN EIN EIN	City	State	ZIP code		gan
option. Otherwise, see Business information in the instructions. A. Pay amount shown on line 21. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) B. Federal return filed: (mark an X in one box) Attach a complete copy of your federal return. Form 1120-L Form 1120-PC Consolidated basis Other: Are yament enclosed A. Payment enclosed A. Pay	a	bove is new,	information for corporation types, you can do so only	on tax, or other tax ine. Visit our Web site at	
A. Pay amount shown on line 21. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) 3. Federal return filed: (mark an X in one box) Attach a complete copy of your federal return. Form 1120-L Form 1120-PC Consolidated basis Other: Ave you been audited by the Internal Revenue Service in the past 5 years? Other: Other: Other: No If Yes, list years: Inter primary corporation name and EIN Name Inter parent corporation name and EIN Name EIN Name	Principal business activity		option. Otherwise, see B		
Form 1120-L • Form 1120-PC • Consolidated basis • Other: ave you been audited by the Internal Revenue Service in the past 5 years? No If Yes, list years: a member of an affiliated federal group): Inter parent corporation name and EIN Name EIN EIN EIN	A. Pay amount shown on line 21. Make	payable to: New)	ork State Corpora	tion Tax	Payment enclosed
No If Yes, list years: ter primary corporation name and EIN a member of an affiliated federal group): Name EIN EIN EIN	3. Federal return filed: (mark an X in one	box) Attach a co	mplete copy of you	ır federal return.	
ter primary corporation name and EIN name EIN ter parent corporation name and EIN Name EIN	Form 1120-L • Form 1120	D-PC • □	Consolidated basis	• Othe	r:•
ter primary corporation name and EIN Name EIN ter parent corporation name and EIN Name EIN		venue Service in th	ne past 5 years?		Yes ● No ●
ther parent corporation name and Eliv	ter primary corporation name and EIN	Name			EIN
	·	Name			EIN

Attach a copy of your complete federal return, a copy of your *Annual Report of Premiums* and *Exhibit of Premiums and Losses* (New York) as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement: Assets; Liabilities, Surplus and Other Funds;* the *Summary by Country* portion of Schedule D; the *Exhibit of Premiums Written, Schedule T;* and *Reinsurance Assumed*, Part 1 of Schedule S.

See page 7 for third-party designee, certification, and signature entry areas.

Com	putation of tax and installment pay	ments of estimated tax (see	e instructions)			
1	Allocated entire net income (ENI) from lin	e 82	× .071	• 1.		
	Allocated business and investment capita		× .0016			
	Alternative tax (see instructions; attach com			• 3.		
4	Minimum tax			4.	250	00
5	Allocated subsidiary capital from line 47.		8000. ×	• 5.		
6	Life insurance company premiums			• 6.		
7	Total tax (amount from line 1, 2, 3, or 4, which			• 7.		
8	Section 1505(b) floor limitation on tax .		× .015	. • 8.		
9a	Tax before EZ and ZEA tax credits			• 9a.		
9b	EZ and ZEA tax credits claimed (enter ame	ount from line 100)		. • 9b.		
9с	Tax after EZ and ZEA tax credits (subtract			• 9c.		
10	Section 1505(a)(2) limitation on tax		× .02			
11	Tax					
12	Tax credits (enter amount from line 101)					
	Tax due (subtract line 12 from line 11; if less			13.		
	installment of estimated tax for next pe					
	If you filed a request for extension, enter					
	If you did not file Form CT-5 and line 13 i					_
15	Total (add line 13 and line 14a or 14b)					
16	Total prepayments from line 99					_
17	Balance (if line 16 is less than line 15, subtract					
18	Estimated tax penalty (see instructions; ma					
	Interest on late payment (see instructions) .					
20	Late filing and late payment penalties (see					\vdash
21	Balance due (add lines 17 through 20 and e			_		
22	Overpayment (if line 15 is less than line 16,					
	Amount of overpayment to be credited to					
24	Balance of overpayment (subtract line 23 fi					
	Amount of overpayment to be credited to					\vdash
26	Refund of overpayment (subtract line 25 fro					\vdash
	Refund of tax credits (see instructions)			7		-
	Tax credits to be credited as an overpaym Issuer's allocation percentage from line 9					0/
	Reinsurance allocation percentage from					<u>%</u>
	edule A — Allocation of reinsurance					%
SCITE	(see instructions; attach separ			eterrini		
	Name of ceding company	Reinsurance premiums received	Reinsurance allocation %	alloc	einsurance premiums cated to New York State (column B × column C)	
	from attached sheet					
30	Total (add column D amounts; enter here and	include on line 34)		0.		1

Sched	lule B — C	omputation of alloca	itio	n percentage (if you do	n	ot claim an allocation, e	nter 100 or	line 4	5; see instruction	s)
31 N	lew York tax	able premiums				• 31.				
		•								
33 N	lew York pre	miums for annuity contra	acts	and insurance for the elde	erl	y • 33.				
34 N	lew York pre	miums on reinsurance a	เรรเ	ımed (see instructions)		• 34.				
35 T	otal New You	k gross premiums (add i	lines	31 through 34)		• 35.				
36 N	lew York pre	miums ceded that are ir	nclu	ded on line 35		• 36.				
37 T	otal New Yor	rk premiums (subtract line	36	from line 35)		• 37.				
38 T	otal premiun	าร				• 38.				
39 N	lew York pre	mium percentage (divide	line	e 37 by line 38; enter here and	d c	on line 29)	• 3	9.	(%
40 V	Veighted Nev	w York premium percent	age	e (multiply line 39 by nine)			• 4	0.	(%
41 N	lew York wa	ges, salaries, personal s	erv	ice compensation,						
	and commi	ssions				• 41.				
42 T	otal wages,	salaries, personal servic	ес	ompensation,						
43 N	lew York pay	roll percentage (divide lii	пе 4	1 by line 42)			• 4	3.		%
				and 43)						%
				; if line 39 or 43 is zero, see i						%
A — De	foi	rmatted as below if nece	essa	tion of subsidiary capi ary) feach corporation and the EIN he		· ·				g
Item				Name					EIN	_
Α										
В										
С										
D										
Е										
F										
G										
Н										
A Item	% of voting stock owned	C Average fair market valu	e	D Average value of current liabilities attributable to subsidiary capital		E Net average fair market value (column C - column D)	F Issuer's allocatio %	n i	G Value allocated to New York State column E x column F)	
Α										
В										
С										
D										
Е										
F										
G					1					
Н					1					
Totals	from				T					
attach	ed sheet									
46 To	otals (add amounts			•		•				
in	columns C, D,									
	nd E) • 46.									
47 A	Illocated sub	sidiary capital (add colur	nn (G amounts; enter here and in	the	e first box on line 5)	• 47	7.		

Schedule D — Computa	tion and allocat	tion of business a	and investment ca	apital		
		A Beginning of year	B End of y	rear		C age fair market value basis
48 Total assets from annu (balance sheet)				48.	•	
49 Fair market value adjust computation; if negative a minus (-) sign)	stment (attach e amount, use			49.	•	
50 Nonadmitted assets from an 51 Total assets (add lines 4)	nnual statement			50. 51.		
52 Current liabilities53 Total capital (subtract ling)54 Subsidiary capital from 55 Business and investment	ne 52 from line 51) n line 46, column E ent capital (subtrac	t line 54 from line 53) .		52. • 53. • 54. • 55.		
 Assets, excluding subsidincluded on line 54, he under New York State sections 1303, 1304, a (use same method to value asset Adjusted business and 	Id as reserves Insurance Law and 1305 s as on line 51)	Beginning of year al (subtract line 56 from	End of y	56.		
58 Allocated business and from line 45; enter here	d investment capit	tal (multiply line 57 by	the allocation percentag	ge		
Schedule E - Computation			es on disposition o			
A Description of property (attach separate sheet if necessary)	B Cost	C Fair market price or value on January 1, 1974	Value realized on disposition	New Youngain or	ork	F Federal gain or loss
Totals from attached sheet						
59 Totals (add amounts in c60 New York adjustment (use a minus (-) sign for	subtract line 59, col	umn F, from line 59, co	lumn E; enter here and	on line 66;	60.	
Schedule F — Officers (a compensation	appointed or ele	ected) and certai	n stockholders (in an 5% of taxpayer's is:	clude all officers, v sued capital stock	whether or n who receive	ot receiving any ed any compensation,
(give ac	A and address ctual residence; te sheet if necessary)		B Social security number	C Official title		D Salary and all other mpensation received from corporation
Totals from attached sheet 61 Totals (add column D am						

Sche	edule G — Computation and allocation of ENI (see instructions)					
62	Federal taxable income before operations loss or net operating loss (Ne	OL) (se	e instructions) •	62.		
Addit					_	
	Dividends-received deduction (used to compute line 62)					
	Dividend or interest income not included in line 62 (attach list)					
	Interest to stockholders: less 10% or \$1,000, whicher		•	65.		
66	Adjustment for gains or losses on disposition of property acquired before		-			
	(from line 60)			66.		
	Deductions attributable to subsidiary capital (attach list; see instructions).			67.		_
	New York State franchise tax deducted on federal return (attach list)					_
	Amount deducted on your federal return as a result of a safe harbor lea			69a.		
690	Amount that would have been required to be included on your federal r			COL		
70	safe harbor lease					+
	Total amount of federal depreciation from Form CT-399 (see instructions) Other additions (see instructions) IRC section 199 deduction:					_
	Other additions (see instructions) • IRC section 199 deduction: Total (add lines 62 through 71)					+
	ractions			12.		
	Interest, dividends, and capital gains from subsidiary capital (attach list;	see ins	tructions)	73.		
	Fifty percent of dividends from nonsubsidiary corporations (attach list; se					
	Gain on installment sales made before January 1, 1974 (attach list)					
	New York operations loss or NOL (attach statement showing computation) .					
	Amount included on your federal return as a result of a safe harbor leas					
	Amount that could have been deducted on your federal return except f					
78	Total amount of New York depreciation allowed under Article 33 section	n 1503	(b) from			
	Form CT-399 (see instructions)		•	78.		
79	Other subtractions (attach explanation on separate sheet; see instructions)		•	79.		
80	Total subtractions (add lines 73 through 79)		•	80.		
81	ENI (subtract line 80 from line 72)			81.		
82	Allocated ENI (multiply line 81 by line 45; enter here and in the first box on line	1)		82.		
Sche	edule H — Computation of premiums (see instructions)					
			, A		В	
			Premiums taxable under		Premiums included in tax limitation/floo	
Life i	nsurance companies		section 1510		computation - section	
	' '					
	Other insurance premiums (attach list)	85.				
86	Total (add lines 83, 84, and 85; enter column A total in the first box on line 6					
	and enter column B total in the first box on line 8)●	86.				
07	Including a comparation who reading may than 050/ of their promitings	from o	anuity contracts		T	
01	Insurance corporations who receive more than 95% of their premiums ocean marine insurance, and group insurance on the elderly (see instr		-	. 97		
88	Total (add lines 86 and 87, column B; enter total here and in the first box on line					_
				J ₁ 30.	<u> </u>	
	edule I — Computation of issuer's allocation percentage					
89	New York gross direct premiums			• 89.		
	Total gross direct premiums					
91	Issuer's allocation percentage (divide line 89 by line 90; enter here and on lin	ne 28)		91.		%

Schedule J — Composition of prepay	ments (see instructions)				
			Date p	aid	Amount
92 Mandatory first installment		92.			
93 Second installment from Form CT-400)	93.			
94 Third installment from Form CT-400					
95 Fourth installment from Form CT-400.		95.			
96 Payment with extension request from	Form CT-5, line 5	96.			
97 Overpayment credited from prior year	s			97.	
98 Overpayment credited from Form CT-				98.	
99 Total prepayments (add lines 92 through	98; enter here and on line 16)			99.	
Summary of tax credits claimed agai	nst current year's franchise tax (see ins	tructic	ns for lin	es 9b,	12, 100, and 101)
EZ and ZEA tax credits (attach appropriate	e form for each credit claimed)				
				_	
Form CT-601 ●	Form CT-601.1 ●	Form	CT-602	●	
100 Total EZ and ZEA tax credits claimed a	above; amount cannot reduce the tax to less	than	_		
the minimum tax (enter here and on lin	e 9b)			100.	
Tax credits (attach appropriate form or state	ement for each credit claimed)				
Fire insurance	,				
oremiums tax				_	
credit •	Form CT-250 ●	Form	CT-613.	•	
Form CT-33-R ●	Form CT-259 ●	Form	CT-631.	•	
Form CT-33.1 ●	Form CT-604 ●	Form	DTF-624	ŀ • _	
Form CT-41 •	Form CT-606 ●	Form	DTF-630) •	
Form CT-43 •	Form CT-611 •	Othe	r credits.	•	
Form CT-44 •	Form CT-611.1•				
Form CT-249 •	Form CT-612 •				
101 Total tax credits claimed above; do not include	EZ and ZEA tax credits claimed on line 100 (enter here a	nd on lin	e 12) •	101.	
	e refund eligible (see instructions)		-		
	e insurance corporation, mark an $m{X}$ in the bo		_	•	•
	e insurance corporation, mark an x in the bo	^			<u> </u>
Amended return information					
f filing an amended return, mark an X in the	box for any items that apply.				
	, , , , , , , , , , , , , , , , , , , ,				
Final federal determination	If marked, enter date of determination: •			-	
NOL or operations loss carryback ●	Capital loss carryback				. •
					
Federal return filed: Form 1139 •	Amended Form 1120-L ◆ Amended Form 1120-L	nded F	orm 112	0-PC.	•
Net operating loss (NOL) or operation	ns loss information				
<u> </u>	over total available for use this tax year from all	orior to	N VOORO		
	otal available for use this tax year from all pric				
	ryforward total for future tax year from all pric	-			
·					
-eueral NOL of operations loss carryforward	d total for future tax years			●∟	

Third – pa		Yes No Designee's name (print)			Designed (e's phon)	e number
designee (see instructions)		Designee's e-mail address				١,	
(see instruct	ions)	<u> </u>				PIN	
Certification:		certify that this return and any attachm	ents are to the best	of my knowledge and belief tru	e, correc	t, and	complete.
Authorized		Signature of authorized person		Official title			
		E-mail address of authorized person				Date	
Paid	Firm'	s name (or yours if self-employed)			ID num	ber	
preparer Signa		ature of individual preparing this return	Address	City	Sta	ite	ZIP code
		ail address of individual preparing this return				Date	



New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Capital Stock

Tax Law — Article 9, Section 183

Final Amended return return					For calendar year 200
Employer identification number	File number	Business telephone n	umber		If you claim an overpayment, mark an X in the box
Legal name of corporation			Trade name/DBA	4	
Mailing name (if different from legal name above)			State or country of	of incorporation Date	e received (for Tax Department use only)
c/o					
Number and street or PO box			Date of incorpor	ation	
City	State	ZIP code	Foreign corporati	ons: date began	
ab	address/phone love is new, ark an X in the box	information for corp types, you can do so www.nystax.gov and	te your address or phoration tax, or other to online. Visit our Wed look for the change see Business informations.	tax b site at my address	dit (for Tax Department use only)
ederal return filed (mark an X in one): Fo	orm 1120 🗌	Form 1120S	Consolidate	ed basis	Other:
ansportation District? (mark an X in the a	appropriate box) If	f Yes, you must fi	le Form CT-183-	M (see instructi	ons) Yes No
ansportation District? (mark an X in the a	companies, even	f Yes, you must fi y taxpayer require York State Corp	le Form CT-183- ed to file Form C oration Tax	M (see instructi	ons) Yes No
1	appropriate box) If companies, even payable to: New I check stubs. (Se	f Yes, you must fi y taxpayer require York State Corp e instructions for de	le Form CT-183- ed to file Form C oration Tax etails.)	M (see instructi	ons) Yes No ■ so file Form CT-184.
ansportation District? (mark an X in the a lith the exception of non-local telephone A. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184	appropriate box) If companies, even payable to: New I check stubs. (See 4-1, Instructions for	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	M (see instructi T-183 must al	ons) Yes No No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the a ith the exception of non-local telephone A. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184) 1 Tax on allocated issued capital stock	companies, every payable to: New I check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	M (see instructi T-183 must al: A.	ons) Yes No No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the a ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184) Tax on allocated issued capital stock Tax based on dividend rate, from line	companies, even payable to: New I check stubs. (Se 4-I, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a inchever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	T-183 must als	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the a ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/1841) Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, every payable to: <i>New</i> I check stubs. (Se 4-I, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a inchever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	T-183 must als A.	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the an ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184) Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, even payable to: New I check stubs. (Se 4-I, Instructions for from line 56 75 or line 78, whi	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	M (see instructi T-183 must al: A. 1 2 3	ons) Yes No so file Form CT-184. Payment enclosed 2. 3. 75
ansportation District? (mark an X in the a ith the exception of non-local telephone Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184 Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, even payable to: New I check stubs. (Se 4-I, Instructions for from line 56 75 or line 78, whi	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 and ichever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184)	T-183 must als A. A.	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the an ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/1821) Tax on allocated issued capital stock Tax based on dividend rate, from line Tax (amount from line 1, 2, or 3, whicheve Tax credits (see instructions) Total tax after credits (subtract line 5 from 1.00)	companies, even payable to: New I check stubs. (See 4-I, Instructions for from line 56 75 or line 78, whi	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183: ichever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions	A. A. 3	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the an ith the exception of non-local telephone) A. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184) 1 Tax on allocated issued capital stock 2 Tax based on dividend rate, from line 3 Minimum tax	appropriate box) It companies, every payable to: New I check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions	M (see instructi T-183 must al: A. 1 2 3 4 5 5 6 7	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the alith the exception of non-local telephone Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184 Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, every payable to: New payable to: New I check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies otherwised corporation	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions	A. A	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the alith the exception of non-local telephone. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184). Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, even payable to: New payable to: New check stubs. (Se 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies thorized corporatio	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions	M (see instructi T-183 must al: A. A. 2 3 4 5 6 7 8 9	ons) Yes No so file Form CT-184. Payment enclosed 2. 3. 75 6. 6. 7. 8.
ansportation District? (mark an X in the anith the exception of non-local telephone) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184) Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	appropriate box) It companies, even payable to: New I check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies https://doi.org/10.1001/ https://doi.org/10.1001/ ichever applies	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions	A. A	ons) Yes No so file Form CT-184. Payment enclosed 2. 3. 75 3. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
ansportation District? (mark an X in the anith the exception of non-local telephone. Pay amount shown on line 11. Make Attach your payment here. Detach all the computation (see Form CT-183/184). Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	appropriate box) It companies, every payable to: New I check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 : ichever applies otherwised corporation f; otherwise, enter C	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions on line A above)	A. A	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the anith the exception of non-local telephone. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184). Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, even payable to: <i>New</i> l check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 ichever applies otherwised corporation is; otherwise, enter Corporation e payment amount in line 7; otherwise, en	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ns see instructions on line A above) enter 0)	A. A. A. A. 1 2 3 4 5 5 1 1 1 1 1 1 1 1 1 1 1	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the anith the exception of non-local telephone. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/1821) Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, every payable to: <i>New</i> l check stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 : ichever applies ithorized corporatio ithorized corporatio is; otherwise, enter C	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) ons see instructions on line A above) enter 0)	A. A. A. A. 1 2 3 4 5 5 7 8 9 10 11 12	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the an ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/1821) Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, every payable to: <i>New</i> lecked stubs. (See 4-1, Instructions for from line 56	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183; ichever applies Ithorized corporatio is; otherwise, enter Corporation e payment amount in line 7; otherwise, of	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) Ins see instructions on line A above) enter 0)	A. A. A. A. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	ons) Yes No so file Form CT-184. Payment enclosed
ansportation District? (mark an X in the alith the exception of non-local telephone. Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/184). Tax on allocated issued capital stock Tax based on dividend rate, from line Minimum tax	companies, even payable to: New I check stubs. (See instructions) are formal in e 6 from line 13 from line 12)	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies uthorized corporatio e; otherwise, enter C e payment amount in line 7; otherwise, e	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) on see instructions on line A above)	M (see instructi T-183 must al: A. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14	ons) Yes No so file Form CT-184. Payment enclosed 2
ansportation District? (mark an X in the an ith the exception of non-local telephone.) Pay amount shown on line 11. Make Attach your payment here. Detach all ax computation (see Form CT-183/1821) Tax on allocated issued capital stock Tax based on dividend rate, from line Tax (amount from line 1, 2, or 3, whicheve Tax credits (see instructions) Total tax after credits (subtract line 5 from 1.00)	companies, even payable to: New lacheck stubs. (See Instructions of the Instruction of Instruction of the Instruct	f Yes, you must fi y taxpayer require York State Corp e instructions for de or Forms CT-183 a ichever applies thorized corporation f; otherwise, enter Corporation in line 7; otherwise, a	le Form CT-183- ed to file Form C oration Tax etails.) and CT-184) on see instructions on line A above) enter 0)	A. A. A. A. A. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16a	ons) Yes No so file Form CT-184. Payment enclosed

Sc	hedule A — Allocation percentage/issuer's allocation perce	ntag	e (if no	allocation is claimed, enter	100	on line 24 or 26; see instructions)	_
				Average va	alue f	or the year 2009	
Paı	t 1 — General transportation and transmission corporations			A New York State		B Everywhere	
17	Accounts receivable		17.				
18	Shares of stock of other companies owned (attach list						
	showing corporate name, shares held, and actual value)		18.				
19	Bonds, loans, and other securities, other than U.S. obligations		19.				
	Leaseholds		20.				
	Real estate owned		21.				_
22	All other assets (except cash and investments in U.S. obligations).		22.				_
	Total (add lines 17 through 22)		_			•	_
	Allocation percentage (divide line 23, column A, by column B)				%		
 Par	t 2 — Corporations operating vessels not exclusively engaged in			A		В	_
	foreign commerce (see instructions)			New York State territorial waters		Everywhere	
25	Aggregate number of working days		25.				
26	Allocation percentage (divide line 25, column A, by column B)	•	26.		%		
						1	_
	hedule B — Assets and liabilities					As of December 31, 2009	
27	Total assets			•	27.		
28	Total liabilities			•	28.		
29	Net worth (subtract line 28 from line 27; enter here and on line 53)			•	29.		
30	Capital stock — preferred stock				30.		
31	Capital stock — common stock				31.		
32	Paid-in capital in excess of par or stated value				32.		
33	Retained earnings (appropriated or unappropriated)				33.		
34	Add lines 28, 30, 31, 32, and 33				34.		
35	Cost of treasury stock				35.		
36	Total liabilities and capital (subtract line 35 from line 34)			•	36.		_
Sc	hedule C — Reconciliation of retained earnings						-
	Balance at beginning of year	37.					
	Net income (attach profit and loss statement)						
	Other additions (explain)						
		39.					
40	Total (add lines 37, 38, and 39)				40.		_
	Dividends						Ī
	Other deductions (explain)						
	Onto doddonono (oxpiani)						
		42.					
43	Total dividends and other deductions (add lines 41 and 42)				43.		
	Balance at end of year (subtract line 43 from line 40)				44.		_
	Did this corporation purchase any of its capital stock during the ye				→→.		_
43	If Yes, attach a separate sheet showing number and kinds of sha				he is	ssuances of	
	the shares, and purchase price of each share.						

Scl	hedule D - (Computation of	tax based	on the net valu	e of issu	ed capit	al sto	ck			-
	A Class of stock	B Number of shares as of Dec. 31, 2009	C Par value	Amount paid in on each share	Selling p	E price during y	/ear ₋ow	F Averaç sellinç price	g	G Net value (column B × column F)	
	Common										_
	Preferred			-							_
	No-par-value										-
46	Total						Tota	ıl net value	46		-
		, column B, by the n	ıet value ner sh	are of stock outsta	ndina		1010	ii iiot valae	, 10.	<u> </u>	
71		the year, but not les	•		-						
48		(multiply line 47 by li							-		
		ne 48 by .0015 (1½ n							49.	•	-
		e of issued capital							75.		
		e of issued capital (multiply line 50 by li	•						-		
		ne 51 by .0015 (1½ n							52.		
		m line 29							JZ.		
		multiply line 53 by li							-		
									55		
		ne 54 by .0015 (1½ n ted issued capital							33.		-
50		d on line 1)				_			56.		
Par	t 1 — Tax rate A Class	Parts 1 and 2. Concerns and 2. Concerns Box Value of		ends paid during C Dividends	the year	(see instruction Dividend	ctions)			ts 3 and 4. E column D is 6% or more, multiple	_
	of stock	stock on whi dividends were paid	I	paid		rate (C ÷ B)	by .00	0375 (3/8 of a ne percentag	a mill). e amo	ractions of a percent) in column E When multiplying, do not convert unt in column D to a decimal.	
	Common					%		er tax rate			_
	Preferred					%		er tax rate			_
	No-par-value					%	Ente	er tax rate	nere:		
	Total										
		nputation (see instr			1	I					
		nmon stock (from li		•					_		
		(multiply line 61 by li	,		62.						
		ne 62 by line 57, colu	,						63.		
									_		
			ine 24)	B)	165						
		ne 65 by line 58, colu	_							M I	_
	-					Ι		T	66.		
		in on no-par-value	stocks (from	line 59, column B)	67.				66.		
68		(multiply line 67 by l	e stocks (from ine 24)	line 59, column B)	67. 68.						
68 69	Tax (multiply lin	(multiply line 67 by line 68 by line 59, colu	e stocks (from ine 24) imn E)	line 59, column B)	67. 68.				66.		
68 69 70	Tax (multiply line) Total value of	(multiply line 67 by line 68 by line 59, colu stockholders' equ	e stocks (from ine 24) umn E)umn E)	line 59, column B)	67. 68. 70.						
68 69 70 71	Tax (multiply lir Total value of Capital subject	(multiply line 67 by line 68 by line 59, colu	e stocks (from ine 24) Imn E) Iity	line 59, column B)	67. 68. 70.						

75 Tax on allocated issued capital stock using dividend rates (add lines 63, 66, 69, and 74; enter here

- a.c.	IUXI		pased on dividends		Jul (SCC III	I I I I I I I I I I I I I I I I I I I			
	Pai	A d-in capital	B Dividends paid	d Dividen		multiply the column C by .	percent (in 000375 (%)	cluding frac of a mill). W	n C is 6% or more, tions of a percent) in hen multiplying, do no olumn C to a decimal.
76. °					%	Enter tax ra	ite here:		
Part 4	– Tax o	omputation							
77 Ta	axable ba	se (multiply line 76, c	column A, by line 26)				• 77.		
			olumn D; enter here an						
Sche	dule F -	- Composition o	of prepayments o	n line 7 (see instru	ctions)				
								Sectio	n 183 amount
			est, from Form CT-5						
			rior year						
			orm CT-183-M						
82 To	otal prepa	ayments (add lines 7	9, 80, and 81; enter he	ere and on line 7)			82.		
	nd attac		on line 5 against astructions for lines of CT-43		anchise CT-249		o X in the i	box(es) ind	dicating the form(s)
CT-61	1.1 •	CT-612 ●	CT-613 ●	CT-631 ●	DTF-63	0 •	Other cre	dits •	
83 To	otal tax c	redits above that ar	e refund eligible (see	e instructions)			• 83.		
	l – party signee	Yes No Designee's e-mail addre	Designee's name (print)					Designee ('s phone number)
	structions)	Designee's e-mail addit	555						PIN
Certif	ication:	certify that this ret	urn and any attachn	nents are to the bes	t of my kı	nowledge and	d belief tru	ue, correc	t, and complete.
	norized	Signature of authorized			Official ti	tle			
ре	erson	E-mail address of author	orized person						Date
Pai	d Firm	s name (or yours if self-emp	ployed)					ID numl	per
prepa		ature of individual prepar	ring this return	Address			City	Stat	te ZIP code
us onl	_	ail address of individual p	preparing this return	1					Date

Staple forms here



CT-184 New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings

return return	Tax Law -	Article 9, S	ection 184	,			For	calendar year 200
Employer identification number		File number	Business tel	ephone number				If you claim an overpayment, mark
					I			an X in the box
Legal name of corporation					Trade name	/DBA		
Mailing name (if different from legal name at	bove)				State or cour	ntry of incorporation	Date received	d (for Tax Department use only)
c/o							1	
Number and street or PO box					Date of inco	rporation		
City		State	ZIP code		Foreign corpo	orations: date began YS		
NAICS business code number (from federal re	return) If address	s/phone	If you need t	o update your	r address o	rphone	Audit (for Tax	Department use only)
	above is r	new,	information f	or corporation	n tax, or oth	er tax	riadit (ror rait	Doparament acc emy)
Principal business activity	mark an X	(in the box		an do so onlin		Web site at nge my address		
Frincipal business activity			option. Othe	rwise, see <i>Bus</i>				
	V	::- F OT 4	instructions.					D-t
tach a copy of your federal return.						•		
Is the corporation organized u				•			Yes	No L
Do you do business, employ o								· •
Metropolitan Commuter Trans	•						Yes	No L
Have you been audited by the					Yes, list y	ears:		
Pay amount shown on line 1	14. Make paya	ble to: New	York State	Corporati	ion Tax			Payment enclosed
Attach your payment here. [OT 10.4)	A.	
ax Computation (see Forn		<u> </u>						
1 Gross earnings from line 56	5							
2 Tax rate							2.	.0037
3 Tax on gross earnings (multi,	ply line 1 by line	2)					3.	
4 Tax on certain railroad divid	lends (from line	62)					4.	
5 Tax credits (see instructions).							5.	
6 Total tax (subtract line 5 from	appropriate tax	on line 3 or line	e 4)				6.	
First installment of estima	ited tax for th	e next perio	d:			·		
a If you filed an application fo		-		CT-5.9, line	e 2		7a.	
b If you did not file Form CT-5								
8 Total (add lines 6 and 7a or 7b.								
9 Total prepayments from line		•		,				
0 Balance (if line 9 is less than li								
1 Estimated tax penalty (see in				,				
2 Interest on late payment (se							12.	
3 Late filing and late payment								
4 Balance due (add lines 10 thro	-							
5 Overpayment (if line 8 is less	-							
6 Overpayment to be credited								
7 Balance of overpayment (su								
8 Overpayment to be credited								
a Overpayment to be credited a Overpayment to be refunde								
b Refund of unused tax credit								
Tax credits to be credited as								
chedule A – Mileage all	location –	Transport	ation ov	er the ro	ad (see	instructions	s)	
						A — New Yo	ork State	B — Everywhere
Revenue miles					• 20.			•
Allocation percentage (divide	line 20, column	A, by column	B, and expre	ess as a				
percentage; enter on the appr	opriate line of S	chedule D)			• 21.		%	

Sc	hedule B — Corporations princip	oally	y engaged in loca	ıl te	lephone business				
22	Total New York State gross operating rev	enue	from telephone servi	ces (see instructions)	•	22.		_
23	One hundred percent of separately charge	ged ir	nter-LATA, interstate,						
	and international telecommunication se	ervic	es sold to customers						
	for ultimate consumption			23.					
24	Thirty percent of separately charged intra								
	(including interregional calling plan ser								
	for ultimate consumption								
	Subtotal (add lines 23 and 24)					••••	25.		_
26	Total New York State gross operating rev		•		-		00		
	(subtract line 25 from line 22; enter here and	a on i	ine 47)			•••••	26.		_
Sc	hedule C — Allocation of gross of	ope	rating revenue fro	om '	telegraph corpora	tio	ns (see	instructions)	
27	Intrastate gross operating revenue — 100	0% c	of New York State rece	eipts		•	27.		_
	ocation — Accounting rule method			•					_
28	Interstate gross operating revenue alloca	ted t	o New York State •	28.					
29	Foreign gross operating revenue allocate	d to	New York State •	29.					
30	Total allocated interstate and foreign gros	ss op	perating revenue (add l	ines 2	88 and 29; attach report				
	filed with New York State Public Service Cor	nmiss	sion)			•	30.		
ΛII	ocation — Formula rule method	г			Г				_
	clude only property used in connection		Α		В				
W	th interstate transmission, foreign		New York State		Everywhere				
	ansmission, or both	0.4				T			
	Average value of real property owned	31.				+			
32	Average value of real property rented	20							
22	(multiply the annual rent by eight)	32.							
33	Average value of tangible personal property owned	33.							
34	Average value of tangible personal property	33.					-		
04	rented (multiply the annual rent by eight)	34.							
35	Average value of intangible assets	35.							
	Average value of extraterrestrial property	36.							
	Total (add lines 31 through 36)	37.			•				
	Formula rule percentage (divide line 37, co.		A, by column B)			•	38.		<u>~</u>
39	Interstate gross operating revenue • (× % fro	m lin	e 38) (see instructions)	•	39.		
40	Foreign gross operating revenue •(× % fro	m lin	e 38) (see instructions)	•	40.		
41	Total allocated interstate and foreign gros	ss op	perating revenue (add l	ines 3	9 and 40)	•	41.		
42	Total intrastate, interstate, and foreign gr	oss o	operating revenue (add	l lines	27 and 30, or				
	lines 27 and 41; enter here and on line 48)						42.		_
Sc	hedule D — Tax computation ba	sed	on gross earning	gs fi	om business in N	ew	York	State	
43	Gross receipts from business and other s	sourc	ces (total from federal ret	turn) .		•	43.		_
									_
Gro	oss receipts from transportation and	d tra	ansmission allocate	ed to	New York State				
			Gross receipts		Allocation % from line 21				
	Trucking (see instructions)				× %	•	44.		
	Messenger service				× %	•	45.		
46	Cable television operators (see instructions	s)				••••	46.		

47				
47	Total New York gross operating revenue of a local telephone business subject to tax (from line 26) •	47.		
48	Telegraph services from line 42	48.		
49	Water transportation (see instructions)	49.		
50	Railroad transportation (see instructions)	50.		
	s receipts from other sources			
	Rental income from use of property within New York State (see instructions)	51.		
	Interest and dividends from New York State sources (see instructions)	$\overline{}$		
	Capital gains from sale or exchange of property within New York State (see instructions)			
				_
	Capital gains from sale or exchange of securities if the gains are allocated to New York State (see instructions).	$\overline{}$		
	Gross receipts from all other sources within New York State (see instructions)			_
56	Total gross earnings allocated to New York State (add lines 44 through 55; enter here and on line 1)	56.		
Scho	edule E — Annual tax on dividends — If this is a railroad not operated by steam, whose pro- railroad, complete the following items for the period beginning January 1, 2009, an			9.
	Name of corporation to whom leased:			
58	Amount of capital stock on which dividends were paid	58.		
59	Total amount of dividends paid during the period covered by this return	59.		
60	Dividend rate percent, per annum (divide line 59 by line 58)	60.		
61	Amount of dividends paid in excess of 4% (.04) dividend rate	61.		
	Tax on dividends (multiply line 61 by 4.5% (.045); enter here and on line 4)	62.		
	edule F — Composition of prepayments (see instructions) Date pa	id	Section 184 amount	:
63	Mandatory first installment			
64a	Second installment from Form CT-400			
64b	Third installment from Form CT-400			
640	Fourth installment from Form CT-400			
	Fourth installinent from Form C1-400			
65	Payment with extension request, from Form CT-5.9, line 5	66.		
65 66	Payment with extension request, from Form CT-5.9, line 5			
65 66 67	Payment with extension request, from Form CT-5.9, line 5	. 67.		
65 66 67 68	Payment with extension request, from Form CT-5.9, line 5	67 .	and indicating the form	(2)
65 66 67 68 Sum	Payment with extension request, from Form CT-5.9, line 5	67 .	es) indicating the form((s)
65 66 67 68 Sum <i>filled</i> ,	Payment with extension request, from Form CT-5.9, line 5	67 .		(s)
65 66 67 68 Sum	Payment with extension request, from Form CT-5.9, line 5	67 .	es) indicating the form(s	s)
65 66 67 68 Sum <i>filled</i> ,	Payment with extension request, from Form CT-5.9, line 5	67. 68. 68.	CT-611●	(s)
65 66 67 68 Sum filed, CT-40	Payment with extension request, from Form CT-5.9, line 5	67. 68. 68.	CT-611●	(s)
65 66 67 68 Sum filed, CT-40 CT-61	Payment with extension request, from Form CT-5.9, line 5	67. 68. e box(e	CT-611●	(s)
65 66 67 68 Sum filed, CT-40 CT-61	Payment with extension request, from Form CT-5.9, line 5	67. 68. e box(e	CT-611●	(s)
65 66 67 68 Sum filed, CT-40 CT-61	Payment with extension request, from Form CT-5.9, line 5	67. 68. e box(e	CT-611●	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(e e dits • 69. De (Signee's phone number	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third (see ii) Certif	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(e e dits • 69. De (Signee's phone number	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third de (see ii	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(e e dits • 69. De (Signee's phone number	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third de (see ii	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(6	CT-611 • CT-	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third (see i.	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(6	Signee's phone number PIN orrect, and complete.	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third (see i. Certif	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(6	CT-611 • CT-	(s)
65 66 67 68 Sum filed, CT-40 CT-61 69 Third (see i. Certif	Payment with extension request, from Form CT-5.9, line 5	. 67. 68. e box(6	cT-611 • CT-	(s)

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CT-185

New York State Department of Taxation and Finance

Cooperative Agricultural Corporation Franchise Tax Return

Fi ret	nal Amended return			· Article 9,							For ca	lendar ye	ar 20 0	09
Employer identification	on number	File number		Business teleph	one nu	mber						If you clai		
				()								an X in th	ent, mark e box	
Legal name of corpor	ration						Trade name/DBA							
Mailing name (if differ	rent from legal name above) and	d address					State or country of	incorpo	ration	Date i	received (for	Tax Departmen	t use only))
c/o														
Number and street or	PO box						Date of incorporati	ion						
City		State		ZIP code			Foreign corporations business in NYS	: date b	egan					
NAICS business code	e number (from federal return)	If address/phone	_				r address or phor			Audit	(for Tax Dep	artment use o	nly)	
		above is new, mark an X in the box					n tax, or other tax ne. Visit our Web s							
Principal business ac	tivity			www.nystax.gov	√ and I	ook	for the change m	y addı						
1 5	l		_	instructions.							Pay	ment enclos	ed.	_
	shown on line 13. Ma payment here. Detacl									Α.	· uy	ATTOTIC OTTOTO	, , , , , , , , , , , , , , , , , , ,	
omputing tax	(See Form CT-185-I, In:	structions for Form CT	<u>-1</u>	85, for assista	nce in	со	mpleting this re	turn.)						
1 Value of issu	ed capital stock (the I	arger of line 19, line 20	0,	or line 21)	1.									
2 New York ba	se (multiply line 1 by	%, from line 30	0) .		2.									
3 Tax on alloca	ated issued capital st	ock at one mill (multi	ipl	y line 2 by .00	1)				•	3.				
4 Tax (based o	n dividend rate) from	line 45							•	4.				
5 Minimum tax	(5.			10	00
6 Tax due (amo	ount from line 3, 4, or 5,	whichever is largest; a	ut	horized foreigi	n corp	s s	ee instructions)		•	6.				
7 Tax credits: N	Mark an X in the box(es) indicating the fo	rn	n(s) filed and	attad	ch f	orm(s): CT-4	10 • [
CT-41•□ C	T-43 • □ CT-243 • □	CT-249 • ☐ CT-259	9 •	□ CT-601•		CT-6	603 • □ CT-60	06 • E						
CT-611 • □	CT-611.1 • ☐ CT-61	2 • □ CT-613 • □	С	T-631 • 🗌 🛭	OTF-6	330	•							
	·								•	7.				
	tract line 7 from line 6)									8.				
9 Prior paymer	nts								•	9.				
10 Balance (if lin	e 9 is less than line 8, s	ubtract line 9 from line	8)						10.				
11 Interest on la	ate payment (see instru	ıctions)							•	11.				
12 Late filing an	d late payment pena	lties (see instructions)							•	12.				
13 Balance due	e (add lines 10, 11, and	12 and enter here; ent	ter	the payment a	amoui	nt o	n line A above)			13.				
14 Overpaymen	t (if line 8 is less than lir	ne 9, subtract line 8 fro	m	line 9)						14.				
15 Amount of o	verpayment to be cre	dited to next period	d							15.				
a Amount of o	verpayment to be ref	unded (subtract line 1	5	from line 14)						16a.				
6b Refund of un	used tax credits (atta	ch appropriate forms)								16b.				
6c Amount of re	fundable credit to be	applied as an over	ра	ayment to ne	xt ye	ar's	tax			16c.				
	Assets and liabiliti										End of	year valu	es	
	rom your balance she								17.					
	s from your balance s								18.					
9 Net value of a	assets (subtract line 18	from line 17)							19.					
chedule B — (art 1 — Average	Computing net value value	lue of issued cap	it	al stock (se	e ins	tru	ctions)	_	_					
- Class of stock	B - Number of	C – Selling p	rio	ce during yea	ar		D – Average	sellin	g pri	се	Е	- Net valu	ie	_
	shares at year end	High		Low			1				(colum	nn B x colu	mn D)	
Common										\sqcap				
Preferred										\sqcap				
No-par-value										П				

Net value (add column E) 20.

Total

		puting net value at \$5 f shares from Schedule		nn B	:		. Multiply by \$5 per share	21.				
Sch	edule C -	- Computing tax rate	if dividend ra	te is	6% or mor	e on	some or all classes of	capi	tal stock	(se	e instruct	tions)
	A ass of stoc	B Value of stock on which	С		D Dividend ra (C ÷ B)		If column D is 6% or more, fractions of a percent, in	E mult	iply each p	perce	ent, includ	ding
	Common					%	Tax	rate	(enter on	line :	33, Sched	dule E)
F	referred					%	Tax	rate	(enter on	line :	36, Sched	dule E)
N	lo-par-valu	е				%	Tax	rate	(enter on	line :	39, Sched	dule E)
Sch	edule D ·	 Allocation percen enter 100 on line 3 				cent	age – if all of your asse	ts a				
Ave	rage value	e for the year of:					A — New York State		В — Е	very	where	
22	Cash and	oank balance				22.						
23	Accounts i	eceivable				23.						
24	Shares of	stock of other companie	es owned (attach	list								
	showing o	corporate name, shares hel	d, and actual valu	re)		24.						
25	Bonds, loa	ns, and other securities	held, used, or	empl	oyed	25.						
26	All other as	ssets				26.						
27	Leasehold	3				27.						
28	Real estate	e owned				28.						
29	Total (add I	nes 22 through 28)			•	29.		•				
30	Allocation	percentage/issuer's allo	cation percenta	ige (d	livide line 29,							
	column A, I	y column B; use this amount t	to compute line 2) .		•	30.	%					
Sch	edule E -	- Computing tax (bas	sed on dividend	l rate	if Schedule	С, сс	olumn D, is 6% or more; se	e inst	ructions)			
31	Par value o	common stock (from Sch	edule C, column	B)		31.						
32	Taxable ba	se (multiply line 31 by		30)		32.						
								33.				
		oreferred stock (from Sch					1					
	-	se (multiply line 34 by				35.						
								36.				
		ue stock (from Schedule (
	-	se (multiply line 37 by				38.						
								39.				
		value of capital stock				40.						
	_	used in computing line 40 on						-				
		ock (subtract line 41 from I			-			1				
		se (multiply line 42 by	,			43.		-				
		mill (multiply line 43 by .0						44.				
							d 44; enter here and on line 4)	45.				
Thi	rd – party		gnee's name (print)	•			,		Designee's p	hone	number	
	esignee	Yes No Designee's e-mail address						[()			
(see	instructions)	Designee 3 e man address							P	IN		
Cer	tification:	certify that this return a	nd any attachm	ents	are to the be	est of	f my knowledge and belief	true,	correct, a	and	complete	е.
	اد د دانده ماند	Signature of authorized perso	n			(Official title					
1	uthorized	E-mail address of authorized	nerson						Da			
	person	L man address of admonzed	porson						Da	.0		
_	Firm	s name (or yours if self-employed)							ID number			
1	Paid parer Signa	ature of individual preparing thi	is return	Addr	988		City		State	—	ZIP code	
1 -	ise	ature or marvioual preparing thi	o return	Addit			Oity		State		Zii Code	
1		il address of individual prepari	ng this return						Da	te		



New York State Department of Taxation and Finance

Utility Corporation Franchise Tax ReturnFor continuing section 186 taxpayers only

For continuing section 186 taxpayers only (certain independent power producers)
Tax Law — Article 9, Section 186

	Amended return	Tax East Millor	,			For	calendar year 20 0	09
	Employer identification number	File number	Business telephone numb	er			If you claim an overpayment, mark an X in the box	
1	Legal name of corporation	_		Trade name/DBA				
ļ	Mailing name (if different from legal name above) and	address		State or country of incor	poration	Date received	(for Tax Department use onl	ly)
	c/o Number and street or PO box			Date of incorporation				
	3.12 3.12 3.13 5.1 5.1 5 50X							
ŀ	City	State	ZIP code	Foreign corporations: dat business in NYS	e began			
	NAICS business code number (from federal return) Principal business activity	If address/phone above is new, mark an X in the box	If you need to update yo information for corporat types, you can do so on www.nystax.gov and loc option. Otherwise, see E instructions.	on tax, or other tax line. Visit our Web site k for the change my ac	ddress	Audit (for Tax	Department use only)	
	ropolitan transportation business	•	•					
	you do business in the Metropolitan							
	es, you must also file Form CT-186-N				·····		Yes No _ Payment enclosed	_
^	Pay amount shown on line 15. Mal Attach your payment here. Detach	all check stubs. <i>(</i> See	e instructions for detail	s.)		Α.	. aymont onologod	
Col	mputation of tax	,		-				
	Tax on gross earnings (from line 26)				•	1.		
2	Tax on dividends (from line 36)				•	2.		
3	Total tax (add lines 1 and 2)				•			
4	Minimum tax					4.	125	00
	Franchise tax (amount from line 3 or li	_			•	5.		
6	Tax credits: Mark an X in the box(es	·		form(s)				
			Other eredite (see	instruction 1		6		
7	CT-249 ● CT-631 ● Net franchise tax (subtract line 6 from	DTF-630 ●□	,	. —				
1	First installment of estimated tax fo					7.		
8a	If you filed a request for extension,	·	Form CT-5.9. line 2			8a.		
	If you did not file Form CT-5.9 and							
	Total (add lines 7 and 8a or 8b)			` ,	_	9.		
10	Total prepayments (from line 50)				•	10.		
	Balance (if line 10 is less than line 9, su							
12	Estimated tax penalty (see instruction	ns; mark an X in the b	ox if Form CT-222 is a	ittached) ●	•	12.		
	Interest on late payment (see instruc							
	Late filing and late payment penalti							
	Balance due (add lines 11 through 14				_			
	Overpayment (if line 9 is less than line Amount of overpayment to be cred		*					
	Balance of overpayment (subtract lin	-			_			
	Amount of overpayment to be cred	·						
	Overpayment to be refunded (subtr							
	Refund of unused tax credits (see in	· ·	•		_			
	Refundable tax credits to be credite	,			_	20c.		

Federal return filed; attach copy: \Box 1120 \Box Other: _____

Sch	nedule A — Computation of gross earnings tax and alloca				Α	. .		_ B	
	percentage/issuer's allocation percentag	1		New	York	State		Everywhere	
	Gross earnings from operating revenue	21.	++						₩
	9		1-1						₩
	5		1_						₩
24	Gross earnings from other revenues		-				•		╙
25	Total (add lines 21 through 24)								
26	Tax computation (multiply line 25, column A, by .0075; enter here and on line 1)								
	Allocation percentage/issuer's allocation percentage (divide line 21,								%
-	nedule B — Computation of allocated dividend tax (based of	1	i –	eriod Jan	uary	1, 2009, th	rougl	h December 31, 2009)	
	Number of shares of common stock issued		+-						
29	Number of shares of preferred stock issued								
30									+
	•						$\overline{}$		_
32	Total dividends paid in calendar year 2009								_
33	Enter 4% (.04) of line 31						$\overline{}$		_
34	Net dividends (subtract line 33 from line 32)								_
35	Allocated dividends (multiply line 34 by percentage (%) on line 27)						-		₩
	1 (13)						36.	D 1 01 0000)	\perp
	nedule C — Reconciliation of retained earnings (based on						$\overline{}$	December 31, 2009)	_
37	3 3 1						37.		+-
38	Net increase						38.		\vdash
39	Other additions						39.		_
40	Total (add lines 37, 38, and 39)						40.		_
41	Dividends		_				_		
42	Other deductions						40		_
	Total (add lines 41 and 42)						43. 44.		\vdash
	Balance end of period (subtract line 43 from line 40)		_						
	mposition of prepayments claimed on line 10 (If you need a arate sheet, and write see attached in this section. Transfer the tot							payment information on	ıa
999	<u>u.u.o ooo, u.uoo oo u.u.o.ou</u> o ooo.ou.oo			,	1	Date pa		Amount	
45	Mandatory first installment				45.		-		Т
	Second installment from Form CT-400				16a.				+
	Third installment from Form CT-400			⊢	16b.				+
	Fourth installment from Form CT-400			_	_				+
	Payment with extension request from Form CT-5.9, line 5			<u> </u>	47.				+
	Overpayment credited from prior years						48.		+
49	Overpayment credited from Form CT-186-M Period						49.		+
50	Total prepayments (add lines 45 through 49; enter here and on line 10)						50.		+
_							<u> </u>		_
	ird – party Yes No Designee's name (print)							Designee's phone number	
	Designee's e-mail address							Í.,	=
	e instructions)	4	e				4	PIN	
Cer	tification: I certify that this return and any attachments are to the b			ny knowi icial title	eage	and belief	true,	correct, and complete.	_
Α	uthorized	`	OIII	iciai titie					
	person E-mail address of authorized person							Date	
	Firm's name (or yours if self-employed)						П	ID number	-
	Paid								
1 -	eparer Signature of individual preparing this return Address					City		State ZIP code	
	use							Date	$\overline{}$
	-								



CT-240

New York State Department of Taxation and Finance

Foreign Corporation License Fee Return Tax Law - Article 9, Section 181.1

						ased on eriod ended		
Е	Employer identification number	File number	Business telep	hone numb			•	
			()					
L	egal name of corporation		,		Trade name/DE	BA		
N	Mailing name (if different from legal name above)				State or country	of incorporation	Date received (for Tax Dep	partment use only)
	5/o				1		Bate received (for tax Bep	artment ade only)
	Number and street or PO box				Date of incorpo	ration		
C	City 5	State	ZIP code		Foreign corpora business in NYS	tions: date began		
- 0	If you need to update your address or phone infocan do so online. Visit our Web site at www.nysta Otherwise, see <i>Business information</i> in your franc	ax.gov and	look for the	change			Audit (for Tax Department	use only)
A.	Pay amount shown on line 12. Make payable	to: New \	York State (Corpora	ation Tax		Payment e	nclosed
4	Attach your payment here. Detach all check						A.	
							·	
Cor	nputation of license fee (see instructions)							
1	Issued and outstanding par value stock at fa	ace value.					1.	
2	Par value stock allocated to New York State	(multiply lin	ne 1 by line 17	7, line 20	, or line 25)		2.	
3	Fee — par value stock (multiply line 2 by .0005)					3.	
4	Number of shares of no-par value stock issue	ed and out	standing	4.				
5	Number of shares of no-par value stock alloca	ted to New	/ York State					
	(multiply line 4 by line 17, line 20, or line 25)			5.				
6	Fee — no-par value stock (multiply line 5 by 5	cents (.05))					6.	
7	Total license fee (line 3 plus line 6 or \$10, which	ever is grea	nter)				7.	
8	License fee previously paid						8.	
9	License fee due with this report (subtract line	8 from line	7)				9.	
10	Interest (see instructions)					_		
11	Additional charges (see instructions)							
12								
	edule A — Foreign corporations (including Law, Article 9-A (see instructions)	g S corpoi	rations and	corpor	ations inclu	ded in a co	mbined return) ta	xable under
13	Allocated business and investment capital fi	om Form	CT-3, line 39	9			13.	
14	Allocated subsidiary capital from Form CT-3						14.	
15	Total allocated capital (add lines 13 and 14)						15.	
16	Total capital from Form CT-3, line 32						16.	
17	License fee allocation (divide line 15 by line 16)						17.	%
Sch	edule B — Foreign corporations taxable u	nder Tax I	Law, Article	9 (see	instructions)			
18	Gross assets, less United States obligations	and cash	. employed	in New	York State		18.	
	Gross assets, less United States obligations						19.	
	License for allocation (divide line 19 by line 10)		,				00	0/

Sche	dule C	- Foreign corporations taxable under Tax Law, Article	32 (see instructions)			
21	Allocated	l business capital		21.		
		subsidiary capital				
		cated business and subsidiary capital (add lines 21 and 22)				
24	Total wor	ldwide capital		24.		
25	License f	ee allocation (divide line 23 by line 24)		25.		%
	d – party signee			De (esignee's phone (number
	nstructions)	Designee's e-mail address			PIN	
Certif	ication:	certify that this return and any attachments are to the be	st of my knowledge and belief	true, c	orrect, and c	omplete.
Autl	horized	Signature of authorized person	Official title			
pe	erson	E-mail address of authorized person			Date	
Pa	id Firm	s name (or yours if self-employed)		1	D number	
	reparer Signature of individual preparing this return Address City				State	ZIP code
on	only E-mail address of individual preparing this return				Date	

CT-245
New York State Department of Taxation and Finance
Maintenance Fee and Activities Return
For a Foreign Corporation
Disclaiming Tax Liability All filers must enter tax period:

	Amended return Tax	c Law— Artic	cle 9, Se	ection 181.2	beginning			ending 		
	Employer identification number	File	number	Business telephone nu	mber				f you claim ar	
				()					n X in the bo	
	Legal name of corporation				Trade name	/DBA				
	Mailing name (if different from legal name above)				State or cou	ntry of incorporation	n Date rece	eived (for Tax	Department i	use only)
	c/o									
	Number and street or PO box				Date of inc	orporation				
	City	Sta	te	ZIP code	Foreign corp business in l	orations: date begar IYS	1			
	NAICS business code number (from federal return)	If address/phone above is new, mark an X in the		If you need to update information for corportypes, you can do so	rátion tax, or o	her tax	Audit use	Taxable Not taxab		
	Principal business activity			www.nystax.gov and option. Otherwise, se instructions.	look for the ch	ange my addres	s	By		
	Location of commercial domicile		Date autho	orized to do business in	n New York Sta	ii not au	thorized to k State, m	do busin		🗆
A	Pay amount shown on line 6. Mak Attach your payment here. Detach	e payable to	New Y	ork State Corpor e instructions for det	ation Tax tails.)		Α.	Paymei	nt enclosed	1
Ma	aintenance fee (See Form CT-245-	-I, Instructions	for Form	CT-245, for assistar	ice.)					
1	Maintenance fee (\$300 for a full year;	see instructior	s for sho	ort-period return)			. 1.			
2	Total prepayments			<u></u>			2.			
3	Subtotal (if line 2 is less than or equal to	line 1, subtrac	t line 2 fro	om line 1) 3.						
4	Interest (see instructions)			4.						
5	Additional charges (see instructions).			5.						
6	Balance due (add lines 3, 4, and 5 and	d enter here; er	nter the p	payment amount on l	line A above)		6.			
7	Refund (if line 1 is smaller than line 2, s	subtract line 1	from line	2)			. 7.			
	tivities (For lines 9 through 23, mark a									
8	List all locations of offices and other	r places of b	usiness	in and outside Ne	w York Stat	e (attach addi	tional shee	ets if nece	ssary)	
	Loc	cation				Nature of act	tivities		Date b	egan
9	Does the corporation own or lease rused exclusively in interstate com							Yes	□ No	
								_	_	_
10	Does the corporation maintain inver If Yes, explain	ntory or own	or lease	e property in New	York State?			Yes L	No	
11	Does the corporation employ any of							Yes [-	No	
12	Did the corporation perform service If Yes, attach a separate sheet with		k State	?				Yes	No	
13	Does the corporation own assets in If Yes, explain							Yes	No	
14	Did the corporation perform any conservices in New York State? If Yes, explain								No	

Page 2 of 2 CT-245 (2009)

_		15	•		-	-	ed liability company			es 🗌	No 🗌
c. d. e. f. g. h.	Investig Collect Perforn Approv Perforn Coordin	technic gate clai accour n servic e or reje n other s nate or s	a. Perform publical advice to retains	lers or consum n explanation) the activities nove questions	of a sul	bsidiary that is	s taxable in New Yo	rk State	Ye Ye Ye Ye Ye Ye Ye	es es es es es es es es es es	No
d If \	luring thi	s calen	dar year?				s or deliveries in Ne ade and describe t			es 🗌	No 🗌
			•			•	oroducing, refining,		•	es 🗌	No 🗌
die	sel moto	r fuel, be	enzol, fuel oil, resid	ual oil, or liquef	ed or liq	uefiable gases	e, gasoline, aviation such as butane, etha n outside New York	ne, or propane)? Ye		No 🗌 No 🗆
20 Do	es the c	orporat	ion import petrole	eum products i	nto Nev	v York State fo	or its own consump	tion?	Ye	es 🗌	No 🗌
			on been terminate of termination _				orated?		Ye	es 🗌	No 🗌
		-		-			State			es 🗌	No 🗌
			•				arent corporation		Ye	es 🗌	No 🗌
24 Lis	t all em	oloyees	, including officer	s, employed w	rithin Ne	w York State	attach additional shee	**			
		Nan	ne	Title)	Date began	Duties and	responsibilitie	S	Cor	npensation
des (see in	l – party signee structions)	Designe	e's e-mail address	gnee's name (print)				(s phone r	
	ication:		tnat this return a re of authorized perso		nents ar	e to the dest (of my knowledge ar Official title	ia bellet true,	correct	., and c	ompiete.
	norized erson	E-mail a	ddress of authorized	person						Date	
Pai	Firm	's name (d	or yours if self-employed)						ID numb	per	
prepa	arer Sign	ature of ir	ndividual preparing thi	s return	Address			City	Stat	e	ZIP code
onl	_	ail addres	s of individual prepari	ng this return						Date	



New York State Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Tax Law — Article 9, Section 183-a

For	calo	ndar	Voor	20	C

	Amended return	ax Law — An	ucie 9, 3ecu	011 100-	a	Fo	r calendar year 2009
	Employer identification number	File number	Business teleph	one number			If you claim an
			()				overpayment, mark an X in the box
1	Legal name of corporation		-		Trade name/DBA		
Ī	Mailing name (if different from legal name above)				State or country of incorp	poration Date red	ceived (for Tax Department use only)
	c/o						
	Number and street or PO box				Date of incorporation		
	City	State	ZIP code		Foreign corporations: date business in NYS	began	
	If you need to update your address or phone information Web site at www.nystax.gov and look for the change my tax return instructions.	address option.	Otherwise, see E	Business in	nformation in your fran	nchise	or Tax Department use only)
	this form if you do business, employ capital, own or lease p ict (MCTD) (see instructions). If not, you need not file this fo						
Ą.	Pay amount shown on line 11. Make paya	ble to: New \	ork State C	orporat	ion Tax		Payment enclosed
•	Attach your payment here. Detach all che	ck stubs. (See	instructions fo	or details.)	Α.	
Co	mputation of MTA surcharge						
1	New York State franchise tax (from 2008 For	m CT-183, line	6)			1.	
2	MCTD allocation percentage (from line 23 or	25)				2.	%
3	Allocated tax (multiply line 1 by line 2)					3.	
4	MTA surcharge (multiply line 3 by 17% (.17); for	reign authorize	ed corporations	s see inst	ructions)	4.	
5	Prepayments with Form CT-5.9, line 10			5.			
6	Overpayment (see instructions)			6.			
7	-					7.	
8	Balance (if line 7 is less than line 4, subtract line						
9	Interest on late payment (see instructions)					• 9.	
10	Additional late charges (see instructions)					_	
11	-						
	Overpayment (if line 4 is less than line 7, subtra				•		
	Amount of overpayment to be credited to I		•				
	Amount of overpayment to be credited to I						
	Amount of overpayment refunded (subtract	_	•				
Sc	hedule A — Computation of MCTI	D allocatio	n percent	age (se	ee instructions)		
Pai	rt 1 – General transportation and tra	nsmission (corporation	าร	A MCTD		B New York State
40	A			40	IVICTO	<u> </u>	New fork State
	Accounts receivable			16.			
17	Shares of stock of other companies owned	,	-				
	corporate name, shares held, and actual value						
	Bonds, loans, and other securities, except	_					
19							
20	Real estate owned						
21	,						
22	Total (add lines 16 through 21)			22.			
23	MCTD allocation percentage (divide line 22,						
	column B; enter here and on line 2)			23.		%	

		Α	В			
Part 2 —	Corporations operating vessels in MCTD territorial waters	MCTD territorial waters	New York State territorial waters			
24 Aggre	gate number of working days					
25 MCTD	allocation percentage (divide line 24, column A, by line 24, column B; here and on line 2)					
Third - party Yes No Designee's name (print) Designee (
designee (see instructions) Designee's e-mail address						
Certificati	on: I certify that this return and any attachments are to the best of my	knowledge and belief true,	correct, and complete.			
Authoriz	Signature of authorized person Officia	al title				
perso	E-mail address of authorized person		Date			
Paid	ID number					
preparer use	Signature of individual preparing this return Address	City	State ZIP code			
only	Date					



New York State Department of Taxation and Finance

Transportation and Transmission Corporation MTA Surcharge Return

Amended return

Tax Law — Article 9, Section 184-a

For calendar year 2009

Legal name of corporation Legal name of corporation Trade name/DBA	Eı	nployer identification number	File number	Business telephone number			If you claim an overpayment, mark
Mailing name (if different from legal name above) Cio Number and street or PO box City State ZP code Foreign corporations: date began business in NYS If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in your franchise tax return instructions. If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. 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.) New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) MCTD a				()			
City State ZIP code Date of incorporation	Le	egal name of corporation			Trade name/DBA		•
City State ZIP code Date of incorporation							
Date of incorporation Date of incorporation Date of incorporation	М	ailing name (if different from legal name above)			State or country of in	ncorporation	Date received (for Tax Department use only)
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in your franchise tax return instructions. If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. A Pay amount shown on line 12. Make payable to: New York State Corporation Tax	C,	′o					
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If you need to update your address or phone information for corporation tax, or other tax typese, you can do so online. Visit our Web site at www.nystax.pov and look for the change my address option. Otherwise, see Business information in your franchise tax return instructions. If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. 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. Dearmount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ↑ A. Pay amount shown on line 12. Make payable to: New York State Groporation Tax ↑ A. Payamount shown on line 12. Make payable to: New York State for line 1, line g) ↑ A. Dearmount shown on line 12. Make payable to: New York State for line 1, line g) ↑ A. MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) ↑ A. MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) ↑ A. MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) ↑ Sa. If you filed a request for extension, enter amount from Form CT-5.9, line 7 ↑ Sa. If you filed a request							
Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business Information in your franchise tax return instructions. If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax	С					s: date began	
Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business Information in your franchise tax return instructions. If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax	L						
If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax ★ A. A. Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g) ★ A. Computation percentage (from line 18, 20, or 24, whichever is applicable) ★ 2. ★ 6. ★ 7. ★ 8. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 9. ★ 1. ★ 1	W	eb site at www.nystax.gov and look for the change my a					Audit (for Tax Department use only)
Commuter Transportation District (MCTD), file this form (see instructions for counties included in the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. 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.) Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g)						124	
the MCTD). If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-184. 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.) Computation of MTA surcharge 1. New York State franchise tax (Irom Form CT-184-M-I, Worksheet for line 1, line g). 2. MCTD allocation percentage (Irom line 18, 20, or 24, whichever is applicable). 3. Allocated tax (multiply line 1 by line 2). 4. MTA surcharge (multiply line 3 by 17% (17); foreign authorized corporations see instructions). 4. First installment of estimated tax for next tax period: 5a. If you filed a request for extension, enter amount from Form CT-5.9, line 7. 5b. If you did not file Form CT-5.9, see instructions. 6 Add lines 4 and 5a or 5b. 7 Total prepayments (Irom line 31). 8 Balance (If line 7 is less than line 6, subtract line 7 from line 6). 9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) 10 Interest on late payment (see instructions). 11. Late filing and late payment penalties (see instructions). 12. Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above). 12. Subtract line 6 is less than line 7, subtract line 6 from line 7). 13. Amount of overpayment to be credited to New York State franchise tax. 14. Interest on late payment to be credited to New York State franchise tax. 15. Amount of overpayment to be credited to New York State franchise tax.							
A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax A. Tay amount shown on line 12. Make payable to: New York State Corporation Tax A. Take Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g)		•	•				
A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax A. Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g). 2 MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable). 3 Allocated tax (multiply line 1 by line 2). 4 MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions). 4 First installment of estimated tax for next tax period: 1 you filed a request for extension, enter amount from Form CT-5.9, line 7. 5 b If you did not file Form CT-5.9, see instructions. 6 c			form. Howe	ver, you must disclaii	m liability for t	ne MTA	
Attach your payment here. Detach all check stubs. (See instructions for details.) A. Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g) 2 MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) 3 Allocated tax (multiply line 1 by line 2) 4 MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) 5 If you filed a request for extension, enter amount from Form CT-5.9, line 7 5 Add lines 4 and 5a or 5b 6 Add lines 4 and 5a or 5b 7 Total prepayments (from line 31) 8 Balance (if line 7 is less than line 6, subtract line 7 from line 6) 9 Estimated tax penalty (see instructions) 10 Interest on late payment (see instructions) 11 Late filing and late payment penalties (see instructions) 12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above) 13 Allocated tax penalty overpayment to be credited to New York State franchise tax 14 Amount of overpayment to be credited to MTA surcharge for next tax period 15 Amount of overpayment to be credited to MTA surcharge for next tax period 16 Amount of overpayment to be credited to MTA surcharge for next tax period 17 Amount of overpayment to be credited to MTA surcharge for next tax period 18 Amount of overpayment to be credited to MTA surcharge for next tax period 19 Amount of overpayment to be credited to MTA surcharge for next tax period 10 Interest on late payment to be credited to MTA surcharge for next tax period 10 Interest on late payment penalties (see instructions) 11 Interest on late payment penalties (see instructions) 11 Interest on late payment penalties (see instructions) 12 Interest on late payment penalties (see instructions) 13 Interest on late payment penalties (see instructions) 14 Amount of overpayment to be credited to New York State franchise tax 15 Interest on late payment penalties (see instructions) 16 Interest on late payment penalties (see instructions) 17 Interest	SL	ircharge on Form C1-184.					
Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of MTA surcharge 1 New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g) 2 MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) 3 Allocated tax (multiply line 1 by line 2) 4 MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) 5 If you filed a request for extension, enter amount from Form CT-5.9, line 7 5 If you did not file Form CT-5.9, see instructions 6 Add lines 4 and 5a or 5b	Δ	Pay amount shown on line 12. Make payah	le to: New Y	ork State Corporati	ion Tax		Payment enclosed
New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g). MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable). Allocated tax (multiply line 1 by line 2). MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions). First installment of estimated tax for next tax period: If you filed a request for extension, enter amount from Form CT-5.9, line 7. Add lines 4 and 5a or 5b. Add lines 4 and 5a or 5b. Balance (if line 7 is less than line 6, subtract line 7 from line 6). Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached). Interest on late payment (see instructions). Interest on late payment penalties (see instructions). Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above). Amount of overpayment to be credited to New York State franchise tax. Interest on loverpayment to be credited to MTA surcharge for next tax period. Amount of overpayment to be credited to MTA surcharge for next tax period.	4	Attach your payment here. Detach all check	stubs. (See	instructions for details.)		Α.
New York State franchise tax (from Form CT-184-M-I, Worksheet for line 1, line g)	Con	nputation of MTA surcharge					
MCTD allocation percentage (from line 18, 20, or 24, whichever is applicable) Allocated tax (multiply line 1 by line 2) MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) First installment of estimated tax for next tax period: If you filed a request for extension, enter amount from Form CT-5.9, line 7 If you did not file Form CT-5.9, see instructions Add lines 4 and 5a or 5b Add lines 4 and 5a or 5b Balance (if line 7 is less than line 6, subtract line 7 from line 6) Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) Interest on late payment (see instructions) Late filing and late payment penalties (see instructions) Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above) Overpayment (if line 6 is less than line 7, subtract line 6 from line 7) Amount of overpayment to be credited to New York State franchise tax Amount of overpayment to be credited to MTA surcharge for next tax period 2. % 3.			-184-M-I. Woi	rksheet for line 1. <i>line a</i>)		1.
Allocated tax (multiply line 1 by line 2)	2						2. %
MTA surcharge (multiply line 3 by 17% (.17); foreign authorized corporations see instructions) First installment of estimated tax for next tax period: If you filed a request for extension, enter amount from Form CT-5.9, line 7 If you did not file Form CT-5.9, see instructions. Add lines 4 and 5a or 5b. Total prepayments (from line 31) Balance (if line 7 is less than line 6, subtract line 7 from line 6) Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) Interest on late payment (see instructions) Late filing and late payment penalties (see instructions) Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above) Overpayment (if line 6 is less than line 7, subtract line 6 from line 7) Amount of overpayment to be credited to New York State franchise tax Amount of overpayment to be credited to MTA surcharge for next tax period 15.	3					_	
First installment of estimated tax for next tax period: If you filed a request for extension, enter amount from Form CT-5.9, line 7 If you did not file Form CT-5.9, see instructions Add lines 4 and 5a or 5b Balance (if line 7 is less than line 6, subtract line 7 from line 6) Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) Interest on late payment (see instructions) Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above) Overpayment (if line 6 is less than line 7, subtract line 6 from line 7) Amount of overpayment to be credited to New York State franchise tax Amount of overpayment to be credited to MTA surcharge for next tax period 15a. 15a. 15b. 5a. 5b. 6a. 7 7. 8 8 9 11. 12. 13. 14. 15 Amount of overpayment to be credited to MTA surcharge for next tax period 15a.	4					_	
5b. 5b. 5b. 6 Add lines 4 and 5a or 5b. 6. 7 Total prepayments (from line 31) 7. 8 Balance (if line 7 is less than line 6, subtract line 7 from line 6) 8. 9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) 9 9 10 Interest on late payment (see instructions) 10. 11 Late filling and late payment penalties (see instructions) 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) 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 tax period 15. 15 15 15 15 15 15 1			-		,	٦	
Add lines 4 and 5a or 5b	5a	If you filed a request for extension, enter a	mount from	Form CT-5.9, line 7			5a.
Total prepayments (from line 31)	5b	If you did not file Form CT-5.9, see instruct	ions				5b.
Balance (if line 7 is less than line 6, subtract line 7 from line 6)	6	Add lines 4 and 5a or 5b					6.
9 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) 10 Interest on late payment (see instructions) 11 Late filing and late payment penalties (see instructions) 12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above) 13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7) 14 Amount of overpayment to be credited to New York State franchise tax 15 Amount of overpayment to be credited to MTA surcharge for next tax period 15.	7	Total prepayments (from line 31)					7.
10. Interest on late payment (see instructions)	8	Balance (if line 7 is less than line 6, subtract lin	e 7 from line 6	5)			8.
11 Late filing and late payment penalties (see instructions)	9	Estimated tax penalty (see instructions; mark	an X in the bo	ox if Form CT-222 is atta	ached) 🔲		9.
12.	10	Interest on late payment (see instructions)					10.
13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7)	11	Late filing and late payment penalties (see	instructions)				11.
Amount of overpayment to be credited to New York State franchise tax	12	Balance due (add lines 8 through 11 and enter	here; enter th	ne payment amount on	line A above)		12.
15 Amount of overpayment to be credited to MTA surcharge for next tax period	13	Overpayment (if line 6 is less than line 7, subtr	act line 6 from	n line 7)			13.
· · · · · · · · · · · · · · · · · · ·	14	Amount of overpayment to be credited to	New York St	ate franchise tax			14.
16 Amount of overpayment to be refunded (subtract lines 14 and 15 from line 13)	15	Amount of overpayment to be credited to	MTA surchar	ge for next tax perio	d		15.
	16	Amount of overpayment to be refunded (su	ıbtract lines 1	4 and 15 from line 13)	<u></u>		16.

Part 1 — General transportation or transmission corporations A MCTD 17 General transportation corporations: enter revenue miles or miles	В	
	New York State	
of transportation. Cable television operators: enter gross receipts (see instructions)		
by line 17, column B; enter here and on line 2)		
Part 2 — Corporations operating vessels in MCTD territorial waters	В	
	NYS territorial waters	
19 Aggregate number of working days		
by line 19, column B; enter here and on line 2)		
Part 3 — Telegraph corporations and local telephone corporations		
MCTD	B New York State	
Of Cyron proveting very prove telegraph continue (continue)		
21 Gross operating revenue from telegraph services (see instructions)		
22 Gross operating revenue from local telephone services (see instructions) 22.		
23 Total gross operating revenue from telegraph services and local telephone services (add lines 21 and 22, column A and column B)		
telephone services (add lines 21 and 22, column A and column B)		
by line 23, column B; enter here and on line 2)		
Composition of prepayments claimed on line 7 (see instructions)		
Date paid	Amount	
25 Mandatory first installment		
26a Second installment from Form CT-400 26b Third installment from Form CT-400 26b 26b		
26c Fourth installment from Form CT-400		
27 Payment with extension request, from Form CT-5.9, line 10		
28 Overpayment credited from prior year		
29 Add lines 25 through 28		
30 Overpayment transferred from Form CT-184 Period 30.		
31 Total prepayments (add lines 29 and 30; enter here and on line 7)		
Tillid - party Yes No	gnee's phone number)	
designee (see instructions) 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, core		
Signature of authorized person Official title		
person E-mail address of authorized person	Date	
Firm's name (or yours if self-employed)	number	
Paid	State ZIP code	
preparer Signature of individual preparing this return Address City	Date	



CT-186-E New York State Department of Taxation and Finance Telecommunications Tax Return and Utility Services Tax Return Tax Law — Article 9, Sections 186-e, 186-a, and 186-c

	al return	Amended retur		Duning - t-l1				Г	or calendar year 2009
LEm	ployer identification	number	File number	Business telephon	ne number				If you claim an overpayment, mark
1	and name of same	ion		[()		Trada nama /DI	24		an X in the box
Lec	gal name of corporat	ion				Trade name/DI	BA		
Ма	illing name (if differer	nt from legal name above)				State or country	y of incorporation	Date receive	ed (for Tax Department use only)
c/c)							_	
Nui	mber and street or P	O box				Date of incorp	oration		
City	у		State	ZIP code		Foreign corpora business in NYS	tions: date began		
NA	ICS business code n	number (from federal return)	If address/phone	If you need to up	ndate vou	ır address or n	shone	Audit (for Ta	x Department use only)
			above is new, mark an X in the box	information for c	orporatio	n tax, or other	tax	,	,
Prir	ncipal business activ	ity	mark an X in the box	types, you can d www.nystax.gov					
				option. Otherwis instructions.	e, see Bu	ısiness inform	ation in the		
Dat	te came under super	vision of NYS Department of	Public Service (if applicable)	ate sale of utility or tele	ecommunio	cation services b	egan		
	Pov amount of	nown on line 19. Ma	ke payable to: <i>New</i>	Vork State Co	rnorat	ion Toy			Payment enclosed
4 /	Attach your pa	ayment here. Detach	all check stubs. (Se	e instructions for	r details.	.) .)		A.	
om	putation of	tav				Δ	– NYS		B — MTA
			s services (from line 4	3)	1.		1110		D IIIIA
			see instructions)	,	_				
	•	•			_			_	
			munication services						
	•		from line 95)			-			
	Ü	,	nd 5)			-		•	
		f estimated tax:						•	
			n, enter amounts fro	m					
			A and B		• 7.				
8 1			and line 1 is over \$1						
•	-				8 .				
9 1			and line 2 is over \$1		<u> </u>				
•					9.				
10 /									
			3 and 10; Column B, a					•	
					• 11.				
12	Total prepaym	ents (transfer amounts	s from line 103, column	ns A and B)	• 12.			•	
Ba E	Balance (if line	12 is less than line 11,	subtract line 12 from I	ine 11;					
		,			• 13a.				
3b (Overpayment	(if line 12 is more than	line 11, subtract line 1	1 from line 12;					
		,			• 13b.				
la /	Amount of MT	A overpayment on li	ne 13b to be transfe	erred to					
					• 14a.				
1b /	Amount of NY	S overpayment on l	ne 13b to be transfe	erred to MTA					
								$\perp \perp \perp \perp$	
4c E	Balance due b	efore penalties and	interest (see instruction	ons)	14c.				

Cor	nputation of tax		A - NYS		B — MTA
15	Estimated tax penalty (see instructions; mark an X in the box if				
	Form CT-222 is attached) •	. ● 15.			
16	Interest on late payment (see instructions)	. • 16.		•	
17	Late filing and late payment penalties (see instructions)	. • 17.		•	
18	Balance due (add lines 14c through 17, both columns and enter here;				
	enter the payment amount on line A on page 1)	. 🛮 18.			
	Overpayment (see instructions)			•	
20 a	Overpayment credited to next year's NYS tax	. ■ 20a.			
20 b	Overpayment credited to next year's MTA surcharge	. 20b.			
	Refund of overpayment (subtract lines 20a and 20b from line 19)				
22 a	Amount of unused tax credits to be refunded (see instructions)	. ■22a.			
22 b	Refundable tax credits to be credited to next year's tax or surcharge	. ■22 b.			
se	e you subject to the supervision of the Department of Public Service ervices (gas, electricity, steam, water, or refrigeration) in the MCTD dunark an X in the appropriate box)	ring this tax	x year?	■ If	Yes, complete Schedule D
	nedule A — New York State excise tax on telecommuk an X in the appropriate box (see instructions):	nication	services (Tax La	aw sec	tion 186-e)
	Local carrier A ● ☐ Interexchange carrier B ● ☐	F	-acilities-based cell	ular com	nmon carrier C ●
Par	t 1 — Computation of gross charges (see instructions)				
Gro	ss charges from:				
23	Intrastate services		•	23.	
24	Interstate and international services that originate or terminate withi	n New York	State and are		
	charged to a service address in New York State (service address is	defined in the	e instructions) •	24.	
25	Mobile telecommunications services		•	25.	
26	Services that are ancillary to the provision of telecommunication ser	vices	•	26.	
27	Services that are provided with telecommunication services		•	27.	
28	Equipment provided in connection with telecommunication services		•	28.	
29	Intrastate private telecommunication services		•	29.	
30	Interstate and international private telecommunication channels who	ere the cha	rges for the use		
	of each channel segment are separately ascertainable		•	30.	
31	Interstate and international private telecommunication channels who	ere the cha	rges for the use		
	of each channel segment are not separately ascertainable		•	31.	
32	Total gross charges (add lines 23 through 31)		•	32.	

33	Exclusion for charges from sales-for-resale				• 33	3.	
34	Other exclusions				• 34	1.	
35	Allowance for bad debts				• 35	5.	
36	Total exclusions and deductions (add lines 33 through 35)				• 36	6.	
Par	t 3 — Computation of tax due (see instructions)						
37	Gross charges subject to tax (subtract line 36 from line 32)				• 37	7.	
38	Tax rate				. 38	3.	0.025
39	Excise tax on telecommunication services (multiply line 37 by line 38,)			• 39	9.	
40a	Resale credit	40a.					
40b	Multijurisdictional credit	40b.					
41	Tax credits: Mark an X in the box(es) to indicate the form(s) filed						
	and attach form(s): CT-243 ● CT-249 ● CT-631 ● CT-631						
	Other credits (see instructions) •						
	Total credits (add lines 40a, 40b, and 41)						
43	Balance due (subtract line 42 from line 39; enter here and on line 1)				• 43	3.	
Gro	t 1 — Computation of gross charges ss charges from:					1	
Gro					• 44	1.	
Gro	ss charges from: Intra-MCTD services Inter-MCTD (including intrastate, interstate, and international) serv	ices '	that originat	e or terminate			
Gros 44 45	Intra-MCTD services	ices CTD.	that originat	e or terminate	• 45	5.	
Gros 44 45 46	Intra-MCTD services	ices CTD.	that originat	e or terminate	4546	5. 6.	
Gros 44 45 46 47	Intra-MCTD services	vices CTD. servic	that originat	e or terminate	454647	5. 6. 7.	
Gros 44 45 46 47 48	Intra-MCTD services	vices CTD. servic	that originat	e or terminate	45464748	5. 5. 7.	
Gros 44 45 46 47 48 49	Intra-MCTD services	cTD.	that originat	e or terminate	4546474849	5. 6. 7. 3.	
Gros 44 45 46 47 48 49 50	Intra-MCTD services	cruices of CTD.	that originat	e or terminate	 45 46 47 48 49 50 	5. 6. 7. 3.	
Gros 44 45 46 47 48 49 50	Intra-MCTD services	crices CTDservic es	that originat	e or terminate	 45 46 47 48 49 50 	5. 6. 7. 3.	
Gros 44 45 46 47 48 49 50	Intra-MCTD (including intrastate, interstate, and international) services within the MCTD and are charged to a service address in the MMCTD mobile telecommunications services. Services that are ancillary to the provision of telecommunication services that are provided with telecommunication services. Equipment provided in connection with telecommunication service Intra-MCTD private telecommunication services. Inter-MCTD (including intrastate, interstate, and international) privices where the charges for the use of each channel segment are segment.	crices CTD. servic es ate te	eselecommunic	e or terminate	• 45 • 46 • 47 • 48 • 49 • 50	5. 5. 7. 3. 9.	
Gros 44 45 46 47 48 49 50 51	Intra-MCTD (including intrastate, interstate, and international) services within the MCTD and are charged to a service address in the MMCTD mobile telecommunications services	vices CTDservicesesesate te	eselecommunic	e or terminate	• 45 • 46 • 47 • 48 • 49 • 50	5. 5. 7. 3. 9.	
Gros 44 45 46 47 48 49 50 51	Intra-MCTD (including intrastate, interstate, and international) services within the MCTD and are charged to a service address in the MMCTD mobile telecommunications services. Services that are ancillary to the provision of telecommunication services that are provided with telecommunication services. Equipment provided in connection with telecommunication service Intra-MCTD private telecommunication services. Inter-MCTD (including intrastate, interstate, and international) privices where the charges for the use of each channel segment are segment.	vices CTD.	eselecommunio	e or terminate	• 45 • 46 • 47 • 48 • 49 • 50	5. 5. 7. 3. 9.	
Gros 44 45 46 47 48 49 50 51	Intra-MCTD services	esate te	eselecommunicely ascertai	e or terminate	• 45 • 46 • 47 • 48 • 50 Is	5. 6. 7. 3. 9.	
Gros 44 45 46 47 48 49 50 51	Intra-MCTD services	esate te	eselecommunicely ascertai	e or terminate	• 45 • 46 • 47 • 48 • 50 • 51 Is	5. 6. 7. 3. 9. 9.	
Gros 44 45 46 47 48 49 50 51	Intra-MCTD services	esate te	eselecommunicely ascertai	e or terminate	• 45 • 46 • 47 • 48 • 50 • 51 Is	5. 6. 7. 3. 9. 9.	
Gross 44 45 46 47 48 49 50 51 52	Intra-MCTD services	crocker control of the control of th	eselecommunic	e or terminate	45 46 47 48 49 50 51 51 52 53	5. 6. 7. 3. 9. 9. 1.	
44 45 46 47 48 49 50 51 52	Intra-MCTD services	vices CTD.	eselecommunic ely ascertai elecommunic arately ascertaiructions for s	e or terminate	• 45 • 46 • 47 • 48 • 49 • 50 • 51 • 51 • 52 • 53	5	
Gros 44 45 46 47 48 49 50 51 52 53 Par 54	Intra-MCTD services	crossing control of the control of t	eselecommunicely ascertainately	e or terminate	• 45 • 46 • 47 • 48 • 49 • 50 • 51 sis	5	
Gros 44 45 46 47 48 49 50 51 52 53 Par 54 55	Intra-MCTD services	esate te separate	eselecommunicely ascertainately ascertainatel	cation channe nable cation channe ertainable	• 45 • 46 • 47 • 48 • 50 • 51 • 52 • 53	5	

Part 3 — Computation of tax due	
58 Gross charges subject to tax (subtract line 57 from line 53) 59 MTA surcharge rate (3.5% (.035) × 17% (0.17))	59. 0.00595
60 MTA surcharge on telecommunication services (multiply line 58 by line 59)	60.
63 Total credits (add lines 61 and 62)	63. 64.
Schedule C — Utility services tax (Tax Law section 186-a)	
If you are not subject to the supervision of the Department of Public Service, mark an X in box A. Do not subject to the supervision of the Department of Public Service, mark an X in box B and composes operating income A • Gross income B	
Part 1 — Gross operating income (see instructions)	
65 Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption or use in New York State	66. 67. 68.

	A	B Type of	C Amount of interest and	D Issuer	'c	E Interest and dividends
	Name of entity	security	dividends received	allocati	on	allocated to New York State (multiply column C by column D)
				1		
	Total interest and dividends allocated to					
	Receipts from royalties					
73	Total receipts from interest, dividends, a	and royalties (add lines	71 and 72)	•[73.	
Par	t 3 — Computation of profits (see in	nstructions)				
	its from the sale of:					
	Securities			-		
75	Real property			•	75.	
	Personal property			•	76.	
	er profits:					
	All other profits			_		
	Profits before allowable deductions (add	• ,				
	Allowable deductions from profits (attac	,				
80	Profits after allowable deductions (subtr	act line 79 from line 78) .		●[80.	
Par	t 4 - Tax on gross income (see inst	ructions)				
81	Gross operating income from line 70				81	
	Subtract exclusions from receipts show					
	Adjusted gross operating income (subtra					
	Receipts from line 73	·		F		
	Profits from line 80			-		
	Gross income (add lines 83, 84, and 85)			F		
87	Tax rate				87.	0.025
88	Tax on gross income (if line 86 is greater t	han \$500, multiply line 8	6 by line 87; otherwise enter 0)		88.	
	Tax credits: Mark an X in the box(es) to					
			dits (see instructions)	•	89.	
90	Tax after credits (subtract line 89 from line 8	8)		•[90.	
91	Power for jobs credit					
			and on line 2)			

Sche	dule D	MTA surcharge on gross in	ncome for	utility se	rvices	(Tax Law sect	ion 1	86-c.1(a))			
93	Gross in	come on line 86 derived from sources	within the M	CTD			93.			П	
94	MTA sur	charge rate (3.5% (.035) x 17% (0.17)).					94.		0.00	595	
95	MTA sur	charge (multiply line 93 by line 94; enter he	re and on line	5)			95.				
If you	Composition of prepayments claimed on line 12 If you need additional space, attach a separate sheet identifying Ill prepayment information. Transfer the total to line 103.) A Section 186-e and 186-a taxe								B urcharges on 186-c)		
				Date pai	d	Amount		An	nount		
96	Mandato	ory first installment	96.								
97	Second	installment from Form CT-400	97.								
98	Third ins	stallment from Form CT-400	98.								
99	Fourth in	nstallment from Form CT-400	99.							\vdash	
100	Pavmen	t with Form CT-5.9-E, line 11	100.							T	
	-	ment credited from prior years			101.					T	
		ment credited from Form CT-	Period		102.					T	
		epayments (total all entries on lines 96 thro		lumns Δ	102.					\vdash	
100	•	and attachment (if any); enter here and on lir	-	idiliii3 A							
		ns A and B)	•		103.						
	Coluitii	is A and by			103.						
	- party	169 140					De (signee's phone	number		
	structions)	Designee's e-mail address						PIN			
Certifi	cation:	certify that this return and any attachn	nents are to	the best of r	my knov	wledge and belief	true, c	orrect, and	complete.		
Auth	orized	Signature of authorized person		Off	ficial title						
pe	rson	E-mail address of authorized person	E-mail address of authorized person								
Pai	d Firm	's name (or yours if self-employed)	name (or yours if self-employed)								
prepa	rer Sign	ature of individual preparing this return	Address		City	State ZIP code					

Date

See instructions for where to file.

E-mail address of individual preparing this return

use

only

CT-186-EZ New York State Department of Taxation and Finance Telecommunications Tax Return — Short Form Tax Law — Article 9, Sections 186-e and 186-c

	File number	Business telephone r				If you claim an overpayment, mar
		()				an X in the box
Legal name of corporation				Trade name/DBA		
Mailing name (if different from legal name above)				State or country of incorpor	ation Date recei	ived (for Tax Department use o
c/o				Date of incorporation		
Number and street or PO box				Date of incorporation		
City	State	ZIP code		Foreign corporations: date be business in NYS	egan	
al	address/phone bove is new, nark an X in the box	www.nystax.gov and	oration o onlir d look		ess	Tax Department use only)
you provide telecommunication service	ces in the Metropo		Trans	portation District (I	 MCTD) durii	ng
his tax year? (mark an X in the appropriate		<u> </u>		·	s)	
 Pay amount shown on line 11. Make Attach your payment here. Detach a)	A.	Payment enclosed
mputation of tax				A - NYS		B — MTA
Excise tax on telecommunications se	ervices (from line 29,)	1.			
MTA surcharge related to telecommunication	ınication services (from line 42)	2.			
st installment of estimated tax:						
If you filed a request for extension, e	enter amounts from	า				
Form CT-5.9-E, line 8, columns A a	and B	•	3a.			
If you did not file Form CT-5.9-E and line 1 is over	r \$1,000, see instructions	; otherwise, enter 0	3b.			
Total (column A, add line 1 and line 3a or 3b;	; column B, add line 2	and line 3a or 3b) •	4.		•	
Total prepayments (transfer amounts fro	om line 48)	•	5.			
Balance (if line 5 is less than line 4, subtract lin	ne 5 from line 4; see inst	ructions)	6a.		•	
Overpayment (if line 5 is more than line 4, su	btract line 4 from line 5	; see instructions) •	6b.			
Amount of MTA overpayment on line 6b to b	e transferred to NYS t	ax (see instructions) •	7a.			
Amount of NYS overpayment on line 6b to be tr	ansferred to MTA surch	arge (see instructions) •	7b.			
Balance due before penalties and int	erest (see instruction	ns)	7c.			
Estimated tax penalty (see instructions Form CT-222 is attached)			8.			
Interest on late payment (see instruction	ons)	•	9.			
Late filing and late payment penalties	s (see instructions)	•	10.		•	
Balance due (add lines 7c through 10, both columns and e	enter here; enter the payment a	amount on line A above)	11.			
2 Overpayment (see instructions)		•	12.			
Overpayment credited to next year's	NYS tax (see instru	ctions)	13a.			
Overpayment credited to next year's	MTA surcharge (se	ee instructions)	13b.			
Refund of overpayment (subtract lines	13a and 13b from lin	ne 12)	14.			
Amount of unused tax credits to be r	efunded (see instru	ctions)	15a.			
Refundable tax credits to be credited	to next year's tax	or surcharge	15b.			
hedule A — New York State excise	tax on telecomr	munication ser	vices	s (Tax Law section	า 186-e) <i>(</i> se	e instructions)
oss charges from:	·			·		
Intrastate services					• 16.	
Interstate and international services t	hat originate or ter	minate within Ne	ew Yo	ork State		
and are charged to a service addre	ss in New York Sta	ate			• 17.	
Mobile telecommunications services					• 18.	

20 Total gr	oss charges (add lines 16 through 19)							20.		
_	ons and allowance for bad debts (attach br									o
	on of tax due	oundon	,,,,							_
-	charges subject to tax (subtract line 21 from I	line 20)						22.		
	9									0.025
	tax on telecommunication services (multipl									0.020
	credit									
	isdictional credit							-		
•	its: Mark an X in the box(es) to indicate the form(s) fil							-		
	B ● CT-249 ● CT-631 ● Other ci			1 1						
			. —					28.		
	edits (add lines 25, 26, and 27)e due (subtract line 28 from line 24; enter here									$-\!\!\!+\!\!\!\!-$
	B — MTA surcharge related to telecor								(soo instructions)	
Gross char		iiiiiaii	ication 3c	I VICC.) (IAX LA	W SCOLIC	711 100 C	. 1(D)) (see msuucuons)	
	GTD services							20		
								30.		-+
	CTD (including intrastate, interstate, and intern	,			_					
	n the MCTD and are charged to a service									
	mobile telecommunications services							32.		-
	y services, and services and equipment p									
	ces provided within the MCTD									\longrightarrow
_	ross charges (add lines 30 through 33)									
	ons and allowance for bad debts (attach br	eakdov	/n)				•	35.		
•	on of tax due									
	charges subject to tax (subtract line 35 from I									
	ırcharge rate (3.5% (.035) × 17% (.17))								0	.00595
38 MTA su	rcharge on telecommunication services (n	nultiply	line 36 by lin	ne 37) .				38.		
	credit (see instructions for line 25)							-		
40 Multijur	risdictional credit (see instructions for line 26)			40.						
	redits (add lines 39 and 40)									
	e due (subtract line 41 from line 38; enter here				-			42.		
Composit	ion of prepayments claimed on line	5 (see			Α.	Section	n 186-e		B - MTA surchar	ge
			Date p	aid		Amou	nt		Amount	
43 Mandat	tory first installment	43.								
44a Second	d installment from Form CT-400	44a.								
44b Third in	stallment from Form CT-400	44b.								
44c Fourth	installment from Form CT-400	44c.								
45 Paymer	nt with extension request, Form CT-5.9-E,									
line 1	1, columns A and B	45.								
46 Overpa	yment credited from prior years			<u></u> .	46.					
47 Overpay	yment credited from Form CT	Perio	b		47.					
48 Total pr	repayments (total all entries on lines 43 throug	h 47 an	d from attac	hment						
	s) in Columns A and B; enter here and on line 5				48.					
Third -	Do you want to allow another person to discus	ss this i	eturn with th	he Tax	Dept? (see	instruction	ns) Yes	(cc	omplete the following)	No 🔲
party	Designee's name		nee's phone r		- '		1		,	
designee	Designee's name	()	IUITIDEI			Personal number		zation	
Certificatio	n. I certify that this return and any attachn	nents a	are to the b	est of	mv knov	vledae ar	nd belief	true. c	orrect, and comple	ete.
	uthorized person				fficial title	<u> </u>		, •	Date	
b 10:										
Signatur	e of individual preparing this return	-ırm's na	ame (or yours if	self-empi	loyed)					
Signatur Address	City		State	ZIP	code	ID numb	er		Date	
ا مُدّ ا									1	



New York State Department of Taxation and Finance

Utility Corporation MTA Surcharge Return
For continuing section 186 taxpayers only (certain independent power producers)
Tax Law – Article 9, Section 186-b For calendar year 2009

E	mployer identification number	File number	Principal busin	ness activit	у	If you claim overpayme an X in the	nt, mark	
	egal name of corporation		•		Trade name/DBA			
N	failing name (if different from legal name above) and address				State or country of incorporati	on Date receive	d (for Tax Department use	e only)
	/o							
N	umber and street or PO box				Date of incorporation			
C	ity	State	ZIP code		Foreign corporations: date begative business in NYS	n		
	you need to update your address or phone information change my address option. Otherwise, see Busines					ur Web site at v	vww.nystax.gov and lo	ook for
Ą.	Pay amount shown on line 16. Make pay					_ A.	Payment enclosed	
Con	Attach your payment here. Detach all che putation of Metropolitan Commuter	•			·	7 11		
	TD) allocation percentage	er iransport	ation Disti	rict	A MCTD	N.	B lew York State	
•	· · · · · · · · · · · · · · · · · · ·				MCTD	IN	lew fork State	
1	Gross earnings from operating revenue.			1. 2.				
2	Gross earnings from interest and divider			3.				
4	Gross earnings from other revenues			4.				
5	Total (see instructions)					5.		%
	nputation of MTA surcharge	, coluitiit A, by i	ine 4, colum	ты)		J.		/0
6	Net New York State franchise tax (from F	orm CT-186. line	e 7)			6.		
7	Allocated tax (multiply line 6 by line 5)							
8	Metropolitan transportation business							
	foreign corporations, see instructions)					8.		
	First installment of estimated MTA su	rcharge for ne	ext period:					
9a	If you filed a request for extension, enter	-	-	m CT-5.	.9, line 7	. ■ 9a.		
9b	If you did not file Form CT-5.9, see instru	uctions				9b.		
10	Add lines 8 and 9a or 9b					10.		
11	Total prepayments (from line 27)					11.		
12	Balance (if line 11 is less than line 10, subtra	ct line 11 from l	ine 10)			12.		
13	Estimated tax penalty (see instructions; ma	ark an X in the b	ox if Form C1	T-222 is a	attached) 🛮	13.		
14	Interest on late payment (see instructions)					14.		
15	Late filing and late payment penalties (se	ee instructions) .				15.		
16	Balance due (add lines 12 through 15 and	enter here; ente	r the paymen	t amoun	t on line A above)	16.		
17	Overpayment (if line 10 is less than line 11,	subtract line 10	from line 11)			17.		
18	Amount of overpayment to be credited t	o New York St	ate franchis	se tax .		18.		
19	Amount of overpayment to be credited t	o MTA surcha	rge for next	period		19.		
20	Amount of overpayment to be refunded.					20.		

Com	positio	on of prepayments claimed on line 11 (see instru	ctions)		Date paid		Amount	
21	Manda	tory first installment		21.				
22a	Second	d installment from Form CT-400		22a.				
22b	Third in	stallment from Form CT-400		22b.				
22c	Fourth	installment from Form CT-400		22c.				
23	Payme	nt with extension request (from Form CT-5.9, line 10)		23.				
24	Overpa	yment credited from prior years			24.			
25	Add lin	es 21 through 24			25.			
26	Overpa	yment credited from Form CT-186 Period			26.			
	-	repayments (add lines 25 and 26; enter here and on line 11)			7 7			
des	d – part signee	Designee's e-mail address			D (esignee's)	phone number	
(see ir	nstruction	5)				F	PIN	
Certif	ication	: I certify that this return and any attachments are to the			e and belief true,	correct,	and complet	e.
Autl	horized	Signature of authorized person	Official title	•				
pe	erson	E-mail address of authorized person				D	ate	
Pa	id Fi	m's name (or yours if self-employed)				ID numbe	r	
prepa		gnature of individual preparing this return Address			City	State	ZIP code)
on	ly E-	mail address of individual preparing this return				D	ate	



CT-186-P

New York State Department of Taxation and Finance Utility Services Tax Return — Gross Income Tax Law — Article 9, Section 186-a

Final return Amended retu		1					r calendar year	
Employer identification number	File number	Business te	elephone number				If you claim an overpayment, mark	
		()				an X in the box	
Legal name of corporation				Trade name/DB/	\			
Mailing name (if different from legal name above)				State or country	of incorporation	Date receive	ed (for Tax Department u	e only
c/o								
Number and street or PO box				Date of incorpor	ation			
City	State	ZIP code		Foreign corporation	ns: date began			
NAICS business code number (from federal return)	If address/phone	16				Audit (for To	x Department use only)	
TVAIGO Business code number (non rederar return)	above is new,	informat	eed to update y tion for corpora	ation tax, or o	ther tax	Addit (101 1a.	x Department use only)	
Date corporation came under the	mark an X in box		ou can do so c nystax.gov and					
supervision of the NYS Department		my addr	ress option. Ot	herwise, see				
of Public Service e of service or commodity you sell (mark a)	n X in all hoxes that apply)	Informat	tion in the instr	uctions.				
Gas • Electricity								
nis is your first return, enter name of prior of		/ Address	s of prior owne	r or operator				
y just many of prior	opolator, it dily	,	0 11110	2. 3poiatoi				
nis is your final return, enter name of new o	owner if any	Address	s of new owne	r				
,	,,	•		•				
tropolitan transportation busines	e tay (MTA curcha	rae) (mark a	n Y in the ar	nronriato h	ov helow)			
	•	• , ,			,			
	mmuter Transportation	n District7 It Y		tila Form (: I.	1 XK_P/N/L/ca	e instruction	is) Yes 📗 No	
you do business in the Metropolitan Col								
not file Form CT-186-P — If you are a	telephone or telegraph	company or	other provide	r of telecom	munication	services, e		es
not file Form CT-186-P — If you are a gyour primary business, do not file this for	telephone or telegraph orm. Instead, file Form	company or CT-186-E, <i>Te</i>	other provide elecommunica	r of telecom ations Tax Re	munication	services, e	es Tax Return.	es
not file Form CT-186-P — If you are a gyour primary business, do not file this form Pay amount shown on line 17. May	telephone or telegraph orm. Instead, file Form ake payable to: New	n company or CT-186-E, <i>Te</i>	other provide elecommunica e Corporatio	r of telecom ations Tax Re	munication s turn and Uti	services, e		es
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not file Form CT-186-P — If you are a syour primary business, do not file this form Pay amount shown on line 17. Ma Attach your payment here. Detace mputation of tax Receipts from transportation, transportation, exclusions from transportation, exclusions (subtract line 2 from line). Tax on gross income (multiply line). Tax credits: Mark an X in the boxe CT-243 • CT-249	telephone or telegraph orm. Instead, file Form ake payable to: New th all check stubs. (See Insmission, or distributes on line 1 (see Instructions) are 1; see Instructions) are receipts by rate; see Instructions) are 10 to indicate the form the form of the f	or company or CT-186-E, Te V York State See instruction of gas suctions)	other provide elecommunical ender provide elecommunical ender for details.) s or electricit gas or electricit and attach for the see instructions; other contractions; other ender electricity is attacked to the second electricity in the second electricity is attacked electricity.	r of telecom ations Tax Re on Tax y ricity after a corm(s) etions) • erwise ente	munication sturn and Uti	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	es Tax Return.	es
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not file Form CT-186-P — If you are a syour primary business, do not file this form and properly primary business, do not file this form and properly primary business, do not file this form and properly properl	telephone or telegraph orm. Instead, file Form ake payable to: New th all check stubs. (See Insmission, or distribute on line 1 (see Instructions) areceipts by rate; see in (es) to indicate the form (CT-631 • [] m line 4)	or company or CT-186-E, Te V York State See instruction of gas uctions)	other provide elecommunical ecommunical ecommunical ecommunical ecomporations for details.) so or electricit gas or electricit and attach for the solution of the solution economic economic economic economic ecomposition ecomposition economic eco	r of telecom ations Tax Re on Tax y ricity after a corm(s) etions) • erwise ente	munication sturn and Uti	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18.	es Tax Return.	es a

Con	nputati	on of tax (continued)					
		to be credited to Form CT-186-P/M			21.		
22	Amoun	t of overpayment to be refunded (subtract line 21 from line 20)			22.		
23		t of unused tax credits to be refunded (see instructions)		_			
24		able tax credits to be credited to next year's tax (see instructions)					
				_			
Con	npositi	on of prepayments claimed on line 12 (see instructions)		Date pai	d	Am	ount
25	Manda	ory first installment	25.				
26	Second	installment from Form CT-400	26.				
27	Third in	stallment from Form CT-400	27.				
28	Fourth	nstallment from Form CT-400	28.				
29	Payme	nt with extension request, Form CT-5.9, line 5	29.				
30	Overpa	yment credited from prior years			30.		
31	Overpa	yment credited from Form CT-186-P/M Period			31.		
32	Total p	epayments (add lines 25 through 31; enter here and on line 12)			32.		
Thi	rd – par	Yes No Designee's name (print)			D	esignee's phon	e number
	esignee	Designee's e-mail address			1(
,	instruction	<u> </u>				PIN	
Cert	ificatio	: I certify that this return and any attachments are to the best of my kn		e and belief	true,	correct, and	complete.
Δ.,	thorize	Signature of authorized person Official titl	le				
	person	E-mail address of authorized person				Date	
		<u> </u>					
P	aid F	rm's name (or yours if self-employed)				ID number	
1 -		gnature of individual preparing this return Address		City	_	State	ZIP code
	se						
0	nly E	mail address of individual preparing this return				Date	



CT-186-P/M New York State Department of Taxation and Finance Utility Services MTA Surcharge Return Tax Law - Article 9, Section 186-c

	Amended return					F	or calendar yea	r 2009
E	Employer identification number	File number	Business teleph	one number			If you claim an overpayment, mark an X in the box	
I	Legal name of corporation			Trade name/	DBA			
ī	Mailing name (if different from legal name above)			State or cour	ntry of incorporation	Date rece	eived (for Tax Department	t use only)
(c/o					1		
1	Number and street or PO box			Date of inco	rporation			
(City	State	ZIP code	Foreign corpo business in N	orations: date began YS			
S	If you need to update your address or phone into so online. Visit our Web site at www.nystax.gov Business information in your franchise tax return	and look for the instructions.	ne change my ac	ddress option. Othe	rwise, see			
Rich not i	ou do business in the Metropolitan Communiond, Dutchess, Nassau, Orange, Putnal need to file this form. However, you must on The CT-186-P. See Who must file in the instru	m, Rockland, disclaim liabil	Suffolk, and \	Westchester) you	must comple	te this	form. If not, you	do
A. ●	Pay amount shown on line 14. Make pay Attach your payment here. Detach all che	'able to: New eck stubs. <i>(Se</i>	Y York State C ee instructions f	torporation Tax or details.)		Α.	Payment enclose	ed
Cor	mputation of MTA surcharge							
1	Receipt amount on Form CT-186-P, line	3 derived fro	m sources wit	hin the MCTD		1.		
2	Receipt amount on Form CT-186-P, line	3				2.		
3								%
4								
5	Allocated tax (multiply line 3 by line 4)					5.		
6	MTA surcharge (multiply line 5 by 17% (.17)))				6.		
	First installment of estimated MTA su	•						
7a	If you filed a request for extension, enter	-	-			7a.		
7b								
8								
9								
10								
11			,	_		—		
12	• • •			, -				
13								
14								
15		•			′ .			
16								
17								
	Amount of overpayment to be refunded.							

CUIII	positio	n or prepayments claimed on line 9 (see instructions)		Date pai	a		АП	iount	
19	Mandat	ory first installment	19.						
20a	Second	installment from Form CT-400	20a.						
20b	Third ins	stallment from Form CT-400	20b.						
20c	Fourth in	nstallment from Form CT-400	20c.						
21	Paymen	t with extension request (from Form CT-5.9, line 10)	21.						
22	Overpay	ment credited from prior years			22.				
		es 19 through 22							
24	Overpay	ment credited from Form CT-186-P			24.				
25	Total pre	epayments (add lines 23 and 24; enter here and on line 9)			25.				
	d – party signee	1e3 140			(Designee	s phon	e number	
des		Yes No Designee's e-mail address			(Designee	e's phon) PIN	e number	
des (see in	signee astructions)	Yes No Designee's e-mail address	knowledg	ge and belief t	(PIN		-
des (see in Certif	signee astructions)	Yes No Designee's e-mail address I certify that this return and any attachments are to the best of my Resignature of authorized person Official		ge and belief t	(PIN		-
des (see in Certif Autl	signee astructions) ication:	Yes No Designee's e-mail address I certify that this return and any attachments are to the best of my Resignature of authorized person Official		ge and belief t	(PIN		·-
des (see in Certif Autl	signee astructions) ication: horized erson	Yes No Designee's e-mail address I certify that this return and any attachments are to the best of my Resignature of authorized person E-mail address of authorized person Official E-mail address of authorized person n's name (or yours if self-employed)		je and belief t	(PIN t, and		
des (see in Certif Autl	signee astructions) ication: horized erson id arer Sig	Yes No Designee's e-mail address I certify that this return and any attachments are to the best of my Resignature of authorized person E-mail address of authorized person Official		ge and belief t	(correc	PIN t, and		

Staple forms here



New York State Department of Taxation and Finance

CT-32-A Banking Corporation Combined Franchise Tax Return

Tax Law - Article 32 All filers must enter tax period: Amended ending | beginning | return Employer identification number File number Business telephone number If you claim an overpayment, mark an X in the box Legal name of corporation Trade name/DRA State or country of incorporation Date received (for Tax Department use only) Mailing name (if different from legal name above) Date of incorporation Number and street or PO box City Foreign corporations: date began ZIP code Audit (for Tax Department use only) NAICS business code number (from federal return, If address/phone If you need to update your address or phone information for corporation tax, or other tax above is new mark an X in the box types, you can do so online. Visit our Web site at www.nystax.gov and look for the change Principal business activity my address option. Otherwise, see Business information in the instructions. ZIP code (U.S. headquarters) Name of country (foreign headquarters) County code New York assets Total assets everywhere Clearinghouse Other commercial: Savings Federal return filed: 1120 • 1120F • Consolidated • Other: If the IRS has completed an audit of any of your returns in the past 5 years, list years: Did you do business in the Metropolitan Commuter Transportation District during the tax year? Yes 📗 No 👢 If a captive real estate investment trust (REIT) or captive regulated investment company (RIC) is included in this return, mark an X in the box (for definitions, see instructions) Payment enclosed Pay amount shown on line 17. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.) Schedule A — Computation of combined tax and payment of estimated tax (see instructions) x .071 1. 2 Allocated combined alternative ENI from line 68, column E $\times .03$ 2. 3. 3 Allocated combined taxable assets from line 72, column E......... 250 00 4 Fixed minimum tax for parent corporation only..... 4. 5 Combined franchise tax (amount from line 1, 2, 3, or 4, whichever is greatest) 5. 6 Tax credits (see instructions) 6. 7. Net franchise tax (subtract line 6 from line 5) 8 Combined fixed minimum tax for member corporations (number of taxable member _ × \$250) 8. 9 Total combined franchise tax (add lines 7 and 8) First installment of estimated tax for the next period: 10a If you filed a request for extension, enter amount from Form CT-5.3, line 5 11 Total (add line 9 and line 10a or 10b) 12 Total prepayments from line 210..... 12. 13 Balance (if line 12 is less than line 11, subtract line 12 from line 11).....

(continued)

14. 15.

14 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)

15 Interest on late payment (see instructions) 16 Late filing and late payment penalties (see instructions)

Legal	name of corporation	Employer identification number	
18	Overpayment (if line 11 is less than line 12, subtract line 11 from line 12)	18.	
	Amount of overpayment to be credited to the next period		
20	Balance of overpayment (subtract line 19 from line 18)		
21	Amount of overpayment to be credited to Form CT-32-M		
	Refund of overpayment (subtract line 21 from line 20, see instructions)		
	Refund of unused tax credits (see instructions)		
22c	Tax credits to be credited as an overpayment to next year's return (see instructions)	22c.	
	Issuer's allocation percentage (see Schedule I instructions; show computation on page 8) .		%
Sche	edule B — Computation and allocation of ENI (see instructions)		
24	FTI before net operating loss (NOL) and special deductions (include disallowed dividends	paid deduction:)
Addi	tions		
25	Dividends and interest effectively connected with the conduct of a trade or business	not included on line 24	
26	Income effectively connected with the conduct of a trade or business not included o	n line 24	
27	Dividends and interest not included on line 24		
28	Income taxes paid to the United States, its possessions, or to foreign countries, as of	deducted on federal return	
29	New York State franchise taxes, MTA surcharge, and Article 23 taxes deducted on fe	ederal return	
30	Total amount of federal depreciation from Form CT-399 and, if applicable, lines 186 a	and 188 (see instructions)	
31	New York State gains or losses on disposition of property from line 190		
32	Amount of special additional mortgage recording tax deducted on your federal return	n and claimed as a tax credit.	
33	Any other federal deduction previously allowable as a deduction under Article 9-B or	9-C (attach explanation)	
34	Bad debt deduction allowed under IRC sections 166 or 585		
35	Twenty percent excess of bad debt deduction (see instructions; attach computation)		
36	Other additions (attach list; see instructions) • IRC section 199 deduction:		
37	Total additions (add lines 25 through 36)		
Subt	ractions		
38	Interest and other expenses not deducted on federal return which are applicable to I	ines 25, 26, and 27	
39	Enter total amount of allowable New York depreciation from Form CT-399 and, if app	olicable, line 189 (see instruction	s)
40	Federal gains or losses on disposition of property from lines 191 and 193		
41	Federal income or gain from installment method transactions under Article 9-B or 9-	C	
42	IRC section 78 dividends included in the computation of lines 24 through 27		
43	Amount of wages not deducted on the federal return due to IRC section 280C		
44	Amount of money received from the FDIC, FSLIC, or RTC (see instructions)		
45	Interest income from subsidiary capital × 17% (.17) (see instructions) (attach list)		
46	Dividend income from subsidiary capital × 60% (.6) (see <i>instructions</i>)		
	Net gains from subsidiary capital × 60% (.6) (see instructions)		
48	Interest income on obligations of New York State, its political subdivisions, and the United S		
49	Adjusted eligible net income of an international banking facility (IBF) from line 185		
50	Recaptured reserve for losses on loans from IRC section 585(c) taxpayers included of	on line 24	
51	Recoveries of charged-off loans included on line 24 for IRC section 585 taxpayers		
52	Bad debt deduction under section 1453(h) (attach computation)		
53	Bad debt deduction under section 1453(i) (attach computation)		
54	New York NOL deduction (see instructions)		
55	Other subtractions from FTI (attach list; includes S-7 dividend income: ●		
_56	Total subtractions (add lines 38 through 55)		
	ENI (add line 24 and line 37; subtract line 56)		
57b	Allocated ENI (multiply line 57a by from line 103, column E or line 114)		
58	Optional depreciation adjustments (add line 187 and line 192)		
50	Allocated taxable ENI (line 57h plus or minus line 59 column E; enter payt to line 1)		

	A Parent corporation	B Total from member corporations	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined totals (column C - column D)
18.					
19.					
20.					
21.					
22a.					
22b.					
22c.					
23.					
	edule B – Computa	tion and allocation o	f ENI		
24.					24.
	tions				
25.					25.
26.					26.
27.					27.
28.					28.
29.					29.
30.					30.
31.					31.
32.					32.
33.					33.
34.					34.
35.					35.
36.					36.
37.					37.
	tractions	T			
38.					38.
39.					39. •
40.					40.
41.					41.
42.					42.
43.					43.
44.					44.
45.					45.
46.					46.
47.					47.
48.					48.
49.					49.
50.					50.
51.					51.
52.					52.
53.					53.
54.					54.
55.					55.
56.					56.
57a.					57a. •
57b.					57b.
58.					58.
59.					59.

Lega	I name of corporation		Employer identification number	
Sch	edule C — Computation and alloca	tion of alternative ENI	<u>'</u>	
61 62 63 64 65 66 67 68	Interest income from subsidiary capital f Dividend income from subsidiary capital Net gain from subsidiary capital from line Interest income on obligations of New Y Alternative ENI (add lines 60 through 64) Allocated alternative ENI (multiply line 65 through depreciation adjustments from Allocated taxable alternative ENI (line 66).	from line 45	ivisions, and the United States, from line 48	
	edule D — Computation of taxable			
70	Money or other property received from t	he FDIC, FSLIC, or RTC (se	ee instructions)	
73	Compute net worth ratio:	Net worth on last day Total assets on last day		
74	Compute percentage of mortgages included in total assets:	Average quarterly balance		
Add	itional information required			
	you a member of a federal consolidated gruen answered Yes, complete items A throug		Yes ● No •	•
A.	Number of corporations included in the fe	ederal consolidated group.	•	
	Total consolidated FTI before the net oper			\perp
C.	Total consolidated FTI before the NOLD o return but that are not included in a con	·		
	Total consolidated FTI before the NOLD o consolidated return but that are include	ed in a combined return for	New York State tax	
_			dentification number of that corporation below.	
	Legal name of corporation		Employer identification number	
F.	Mark an X in the box and attach Form CT	-60-QSSS if any member of	of the combined group is the parent of a QSSS	

	A Parent corporation	B Total from member corporations	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined totals (column C - column D)
Sch	edule C — Computa	tion and allocation o	of alternative ENI		
60.					60.
61.					61.
62.					62. ^e
63.					63. °
64.					64.
65.					65.
66.					66.
67.					67.
68.					68.
Sch	edule D — Computa	tion of taxable asset	s		
69.					69.
70.					70.
71.					71.
72.					72.
72	%				
73.	70				
74.	%				

Note: A banking corporation whose largest tax, computed on a separate basis, is on taxable assets and whose net worth ratio, computed on a separate basis, is less than 5% and whose total assets, computed on a separate basis, are made up of 33% or more of mortgages, cannot be included on the combined return.

Legal	name of corporation	Employer identification number
	edule E — Allocation percentages (see instructions)	
	ou a banking corporation described in Tax Law section 1452(a)(9)?	
-	ou substantially engaged in providing management, administrative, or distribution ser	
	estment company as such terms are defined in Tax Law section 1454(a)(2)(G)?	
	answered Yes to both questions, then you must allocate using the receipts factor (see	ee page 14 of the instructions).
	1 — Computation of ENI allocation percentage	
•	are claiming an allocation outside New York State, attach an explanation of the business carried on o	0 , 0
	corporation has an IBF located in New York State, mark an X in the appropriate box	
	orporation computed ENI using the: IBF modification method or IBF	
	Wages, salaries, and other compensation of employees (except general executive of	
	Multiply line 75 by 80% (.8)	
	Wages, salaries, and other compensation of employees (except general executive of	
	Percentage in New York State (divide line 76 by line 77 in column E)	
	ipts during the tax period from within New York State:	
	Interest income from loans and financing leases	
	Other income from loans and financing leases	
	Lease transactions and rents	
	Interest from bank, credit, travel, entertainment, and other credit card receivables	
	Service charges and fees from bank, credit, travel, entertainment, and other credit ca	
	Receipts from merchant discounts	
	Income from trading activities and investment activities	
	Fees or charges from letters of credit, traveler's checks, and money orders	
	Performance of services	
	Royalties	
	All other business receipts	
	Total receipts from within New York State (add lines 79 through 89)	
	ipts during the tax period from within and outside New York State:	
	Interest income from loans and financing leases	
92	Other income from loans and financing leases	
	Lease transactions and rents	
	Interest from bank, credit, travel, entertainment, and other credit card receivables \dots	
95	Service charges and fees from bank, credit, travel, entertainment, and other credit ca	ards
	Receipts from merchant discounts	
97	Income from trading activities and investment activities	
98	Fees or charges from letters of credit, traveler's checks, and money orders	
99	Performance of services	
100	Royalties	
	All other business receipts	
102	Total receipts from within and outside New York State (add lines 91 through 101)	
	Percentage in New York State (divide line 90 by line 102, in each of columns A and E; see in	
104	Additional receipts percentage (enter percentage from line 103, column E)	
	sits maintained in branches within New York State:	
105	Deposits of \$100,000 or more	
	Deposits of less than \$100,000	
	Deposits within New York State (add lines 105 and 106)	
		(continued)

	Α	В	С	D	E
	Parent corporation	Total from member corporations	Subtotal (column A + column B)	Intercorporate eliminations	Combined totals
_			,		(***

Schedule E — Allocation percentages

Part 1

75.			75.	
76.			76. •	
77.			77.	
78.			78. •	%
79.			79.	
80.			80.	
81.			81.	
82.			82.	
83.			83.	
84.			84.	
85.			85.	
86.			86.	
87.			87.	
88.			88.	
89.			89.	
90.			90.	\top
	'			
91.			91.	\Box
92.			92.	
93.			93.	
94.			94.	\top
95.			95.	\top
96.			96.	\top
97.			97.	\top
98.			98.	\top
99.			99.	\top
100.			100.	\top
101.			101.	\top
102.			102.	\top
103.	%		103.	%
104.			104.	% %
105.			105.	\top
106.			106.	+
107.			107.	+
1.4		 	 1	-

Legal name of corporation

Employer identification number

Sche	edule E — Allocation percentages (continued)
Depo	sits maintained in branches within and outside New York State:
108	Deposits of \$100,000 or more
	Deposits of less than \$100,000
110	Deposits within and outside New York State (add lines 108 and 109)
111	Percentage in New York State (divide line 107 by line 110, in each of columns A and E)
112	Additional deposits percentage (enter percentage from line 111, column E)
113	Total of New York State percentages (add lines 78, 103, 104, 111, and 112 in column E)
114	ENI allocation percentage (see instructions)
	2 — Computation of alternative ENI allocation percentage
	Wages, salaries, and other compensation of employees (except general executive officers) within New York State
	Wages, salaries, and other compensation of employees (except general executive officers) within and outside New York State
	Percentage in New York State (divide line 115 by line 116, in each of columns A and E)
	Receipts percentage (enter percentage from line 103)
	Deposits percentage (enter percentage from line 111)
	Add lines 117, 118, and 119 in columns A and E
	Alternative ENI allocation percentage (see instructions)
	3 — Computation of taxable assets allocation percentage (If the corporation has an IBF located in New York State,
	ivities of the IBF must be included in both the numerator and denominator when computing the taxable assets allocation.)
	Wages, salaries, and other compensation of employees (except general executive officers) within New York State
	Multiply line 122 by 80% (.8)
	Wages, salaries, and other compensation of employees (except general executive officers) within and outside New York State
	Percentage in New York State (divide line 123 by line 124 in column E)
	ipts during the tax period from within New York State:
	Interest income from loans and financing leases
	Other income from loans and financing leases
	Lease transactions and rents.
	Interest from bank, credit, travel, entertainment, and other credit card receivables.
	Service charges and fees from bank, credit, travel, entertainment, and other credit cards
	Receipts from merchant discounts.
	Income from trading activities and investment activities.
	Fees or charges from letters of credit, traveler's checks, and money orders
	Performance of services
	Royalties
	All other business receipts
	sipts during the tax period from within and outside New York State:
	Interest income from loans and financing leases
	Other income from loans and financing leases
	Lease transactions and rents
	Interest from bank, credit, travel, entertainment, and other credit card receivables
	Service charges and fees from bank, credit, travel, entertainment, and other credit cards
	Receipts from merchant discounts
	Income from trading activities and investment activities
	Fees or charges from letters of credit, traveler's checks, and money orders
	Performance of services
	Royalties
	All other business receipts
	Total receipts from within and outside New York State (add lines 138 through 148)
	Percentage in New York State (divide line 137 by line 149 in column E; see instructions)
	Additional receipts percentage (enter percentage from line 150, column E)
	(continued)

CT-32-A (2009) **Page 5b**

	A Parent corporation	B Total from member corporations	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined totals (column C - column D)	I
Sched	dule E — Allocation	n percentages (continu	ued)			
108.					108.	
108.					109.	
110.					110.	
111.	%				111.	%
112.	/0				112.	%
113.					113.	%
114.					114.	%
					12.2.21	
Part 2	<u>2</u>				115.	
116.					116.	
117.	%				117.	%
118.	%				118.	%
119.	%				119.	%
120.	%				120.	%
121.	%				121.	%
1211	70				1211	
Part 3	3					
122.					122.	
123.					123.	
124.					124. °	
125.					125.	%
126.					126.	
127.					127.	
128.					128.	
129.					129.	
130.					130.	
131.					131.	
132.					132.	
133.					133.	
134.					134.	
135.					135.	
136.					136.	
137.					137.	
107.					107.	
138.					138. •	
139.					139.	
140.					140.	
141.					141.	
142.					142.	
143.					143.	
144.					144.	
145.					145.	
146.					146.	
147.					147.	
148.					148.	
149.					149.	
150.					150.	%
151.					151.	%

Legal	name of corporation En	mployer identification ກເ	umber
Sche	dule E — Allocation percentages (continued)		
Depo	sits maintained in branches within New York State:		
152	Deposits of \$100,000 or more		
	Deposits of less than \$100,000		
154	Deposits within New York State (add lines 152 and 153)		
Depo	sits maintained in branches within and outside New York State:		
155	Deposits of \$100,000 or more		
156	Deposits of less than \$100,000		
157	Deposits within and outside New York State (add lines 155 and 156)		
158	Percentage in New York State (divide line 154 by line 157 in column E)		
159	Additional deposits percentage (enter percentage from line 158)		
160	Total New York State percentages (add lines 125, 150, 151, 158, and 159 in column E)		
161	Taxable assets allocation percentage (see instructions)		
Scho	dule F — Computation of IBF adjusted eligible net income or loss		
	corporation has an IBF located in New York State, mark an X in the appropriate box below and see	ingtwictions	
		llocation method	
	outation of eligible gross income	400	
	Interest income from eligible loans		
	Interest income from eligible deposits		
	Income from foreign exchange trading and hedging transactions		
	Fee income from eligible transactions		
	Eligible gross income (add lines 162 through 165)	● 166.	
	outation of applicable expenses	407	
	Direct expenses		
	Indirect expenses.		
	Total applicable expenses (add lines 167 and 168)	109.	
	putation of ineligible funding amount	170.	
	Eligible net income (subtract line 169 from line 166)		
171	to or received from foreign persons		
172	Average aggregate liabilities and other sources of funds of the IBF		
	Divide line 171 by line 172		%
	Ineligible funding amount (multiply line 170 by line 173)		70
	Remaining amount (subtract line 174 from line 170; also enter on line 183)		
	putation of floor amount and adjusted eligible net income or loss		
	Average aggregate amount of loans to and deposits with foreign persons in financial a	ccounts	
	within New York State for tax years 1975, 1976, and 1977		
177	Statutory percentage for the current tax year		%
	Multiply line 176 by line 177		70
	Average aggregate amount of loans to and deposits with foreign persons in financial a		
	within New York State (other than IBF) for the current tax year		
180	Balance (subtract line 179 from line 178)		
	Average aggregate amount of loans to and deposits with foreign persons in financial	1001	
	accounts of the IBF for the current tax year		
182	Enter 100 or the percentage obtained by dividing line 180 by line 181, whichever is les	s 182.	%
	Remaining amount (enter amount from line 175)		70
	Floor amount (multiply line 182 by line 183)		
	Adjusted eligible net income or loss (subtract line 184 from line 183; also enter on line 49)		
		1 1	ı

A Parent corporation	B Total from member corporations	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined totals (column C - column D)
Schedule E - Allocatio	n percentages (continu	ued)		
152.				152.
153.				153. [•]
154.				154.
155.				155. •
156.				156. [•]
157.				157. [•]
158.				158. • %
159.				159. %
160.				160. %
161.				161. 9 %

Schedule G — Computation of New York depreciation on certain property when method differs from federal (see instructions)

Part 1 — Depreciation on qualified New York property acquired between January 1, 1964, and December 31, 1967 (Enter the description of each property and date acquired; then complete columns C through H on the corresponding lines below)

Item		A Description of property							
Α									
В									
С									
D									
Е									
Item	C Cost	Federal depreciation prior years	E Federal depreciation this year	F New York depreciation prior years	New York depreciation this year	H Undepreciated balance			
Α									
В									
С									
D									
Е									
Totals									

186	Add	Part	1	column	Ε	amounts	
-----	-----	------	---	--------	---	---------	--

Combine this total with line 188, and enter on line 30.

187 Add Part 1 column G amounts -

Combine this total with line 192, and enter on line 58.

Schedule G — Computation of New York depreciation on certain property when method differs from federal (continued)

art 2 — roperty a	Other property on and the date acquir	which	New York de	oreciat	ion di	ffers fron	n fe	deral (ente	er the desc	ription (of eacl	1			
ا والمادم		⊖ ()	ien complete d	:OHJITII	S (; †I	hrouah H	l on	the co	rres	spondina li	nes neu	วพว				
Item		ou, ii				of proper		110 00	63	,portaining II	100 0010			В	Date acq	uired
A				2000		. с. р. срс.	-)								2410 404	
В																
С																
D													+			
E													+			
Item	С		D			E				F		G			Н	
_	Cost	Fee	deral depreciation prior years	on Fe		depreciations s year	on			lepreciation years		rk dep his yea		ion	Undepre balar	
A																
В																
C																
D _		+					1				-					
E							_							\vdash		
otals						<u> </u>										
89 Ad hedul	d Part 2, column E Combine this total v d Part 2, column G e H — Computa 1, 1973 (see instruct	with li amou tion	ne 186 and en unts; enter on	line 39			isp	ositio	n o	f certain	prope	rty ac	quir	ed p	orior to	
art 1 —	Property acquire	d pric		1, 192	6 by	commer	cia	l bank	s; J	anuary 1,	1944 by	savii	ngs b	ank	s; Januar	y 1, 19
Saviii	, and 10an 8550C	auon	B B				С				D				E	
Desc	cription of property		Cost or fair market price on valuation date					orice			gain or lo - column l			Fed	deral gain or	loss
								1								
												+				
		Tak	le (shares													
00 6-1	d columns D		Is (show any ne	gative a	moun	ts with a n	ninu	ıs (-) sig	(n)		•				^	
	d column D amount	s; ent	ter on line 31								<u></u>				<u> </u>	
	d column D amount d column E amount	s; ent	ter on line 31								<u></u>				<u> </u>	
91 Add	d column E amount	s; ent	ter on line 31 mbine this tota	ıl with l	ine 19	93 and er	nter	on lin	e 40)	J	New \		State	differed	
91 Add	d column E amount	s; ent	ter on line 31 mbine this tota	ıl with l	ine 19	93 and er	nter	on lin	e 40)	J	New \		State	e differed	
91 Add	d column E amount Property on which from federal dep	s; ent	ter on line 31 mbine this tota onal depreciat tion deducted	ıl with l	ine 19	93 and er	on o	on lin	e 40	method u	sed for					loss
91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciat tion deducted B	tion wa	ine 19	93 and er	on o	on lin	e 40	method u	sed for	ss			E	loss
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91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciation deducted B Depreciation be	tion wa	ine 19	93 and er	on o	on lin	e 40	method u	sed for D gain or lo	ss			E	loss
91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciation deducted B Depreciation be	tion wa	ine 19	93 and er	on o	on lin	e 40	method u	sed for D gain or lo	ss			E	loss
91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciation deducted B Depreciation be	tion wa	ine 19	93 and er	on o	on lin	e 40	method u	sed for D gain or lo	ss			E	loss
91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciation deducted B Depreciation be	tion wa	ine 19	93 and er	on o	on lin	e 40	method u	sed for D gain or lo	ss			E	loss
91 Add	Property on which from federal dep	s; ent	ter on line 31 mbine this tota conal depreciation deducted B Depreciation b. New York S	al with I	ine 19	93 and er	on C	on line	e 40	Method us	sed for D gain or lo	ss			E	loss
P1 Add	Property on which from federal dep A cription of property	s; ent s; cor optic recial	ter on line 31 mbine this tota conal depreciation deducted B Depreciation b. New York S	al with I	ine 19	93 and er imed or o	on C	which orice	e 400	New York	sed for D gain or lo	ss	ork:		E	loss
01 Add	Property on which from federal dep A cription of property	s; entis; cor optioned and optioned are ciat	ter on line 31 mbine this tota conal depreciation deducted B Depreciation b. New York S	al with I	ine 19	93 and er imed or o	C Cing p	which orice se (-) sig	e 400 the	New York	sed for D gain or lo	ss	ork:		E	loss
Pesco Desco 22 Add 33 Add	Property on which from federal dep A cription of property d column D amount	s; entis; cor optioned and optioned are cial	ter on line 31 mbine this tota conal depreciation deducted B Depreciation be New York S Is (show any neembine this tota mbine this tota mbine this tota	asis for tate	moun line 1	93 and er imed or is swith a n 87 and er 91 and er	on CC ing printer	which orice us (-) sig	e 58 e 400	New York (column C	sed for D gain or lc - column i	iss 3)	ork:	Fed	E	loss
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Desc Desc Desc Desc Desc Desc Desc Desc	Property on which from federal dep A cription of property d column D amount column E amount column E amount column E amount for I — Computation I — Enter the altern	Tota s; con of the	ter on line 31 mbine this tota conal depreciation deducted B Depreciation b. New York S Is (show any nembine this tota mbine this tota mbine this tota te issuer's allo ENI allocation	asis for tate gative a all with I with I coation	moun ine 1 ine 1 ine 1 per	93 and er imed or o Selli ts with a n 87 and er 91 and er centage	on C C ing p	which orice is (-) sig r on line compl	e 40 the	New York (column C	p gain or lc column l	ss (3)	onk:	Fed	E	loss
Description of the part of the	Property on which from federal dep A cription of property d column D amount column E amount column E amount in E I — Computation I — Enter the alterr line 121, column 121,	Tota s; cor s; cor of the ative	ter on line 31 mbine this total conal depreciation deducted B Depreciation b. New York S Is (show any neembine this total mbine this total mbine this total te issuer's allo ENI allocation (enter here and	asis for tate gative a all with I becation perceid on line	mountine 19 per ontage 23)	Selli Selli s with a n 87 and er centage	c ing p	which orice s (-) sig r on lin compl	e 40 the	New York (column C	p gain or lc column l	ss (3)	onk:	Fed	E	loss
Description of the part of the	Property on which from federal dep A cription of property d column D amount column E amount I — Computation I — Enter the altern line 121, colu	Tota as; cor a option recial Tota as; cor a of the native umn A ate gr	Is (show any nembine this total below the short of the sh	asis for tate gative a al with I with I becation perceid on line	mounnine 19 percentage 23)	Selli Selli s with a n 87 and er centage	nter C ing r minumater	which orice s (-) sig r on lin c on lin Compl	e 40 the	New York (column C	p gain or lc column l	ss (3)	onk:	Fed	E	loss
Description 2 Add Add Add Add Add Add Add Add Add A	Property on which from federal dep A cription of property d column D amount column E amount column E amount in E I — Computation I — Enter the alterr line 121, column 121,	Tota s; cor s; cor of th native umn A ate gr	der on line 31 mbine this total conal depreciation deducted B Depreciation be New York S Is (show any neembine this total mbine this total de issuer's allow ENI allocation to (enter here and coss income	asis for tate gative a all with I with I with I perceid on line	moun ine 19 ine 19 ine 19 ine 23)	selling ts with a med er centage from	c ing p	which orice is (-) sig r on line compl	n) • 58 e 40 ete	New York (column 0	gain or lo	ss 3)	ork:	Fed	E	loss

Method 3 — Computation of subsidiary capital allocated to New York State — Attach separate sheets displaying this information formatted as below, if necessary.

Descr	iption of su	bsidiary capital								
		f subsidiary capital (list the ding lines below)	name of each corporation a	nd the	EIN here; for	each co	orporation,	, comp	lete columns B through G	on
Iten	ı		Name						EIN	
Α										
В										
С										
D										
Е										
A Item	B % of voting stock owned	C Average value of subsidiary capital	Current liabilities Net attributable to subsidiary capital (column				alle	F suer's ocatior %		F)
Α										
В										
С										\perp
D										
Е										
	from attached list						\perp			$oldsymbol{\perp}$
				194.						\perp
		nputation of business ca								
	•	ue of total assets from line						195	•	
		lities (see instructions)						_		
		rage value of subsidiary ca	- T					100		_
		s assets (subtract lines 196								
		ernative ENI allocation pe	•							%
		sets allocated to New You nputation of issuer's allo		y line 1.	99)			200		
		capital and business capit		Ctoto /	add line 104 a	akımın C	and line 200	0) 201		\top
	-	rapital and business capit vide capital (see instructions		,				_		+
		cation percentage (divide li	•							%
200	issuei s allo	sation percentage (unide ii	ne zor by line zoz). Litter i	icic aii	a on line 20	,		.9 200	•	
franchi orepay	se tax on line ment informa	payments — Use the follow 12. If you need more space, tion on a separate sheet. Tra irst installment of combin	write see attached here an nsfer the total to line 12.	nd enter	all relevant	204.	Date p		ined franchise tax Amount	
	-	nbined group installment	• .			205a.				+
		ned group installment from								+
		oined group installment fr								+
		th extension request, from								+
	-	nt credited from prior year						20	07.	\top
		nt credited from Form CT-								\top
	Total prepay	ments from member corp	porations not previously in	nclude	d in the cor	mbined	return			
040	*	s CT-32-A/C)								+
210	iotai prepay	ments (add lines 204 throug	gn 209; enter on line 12)					[21	U.	

Summary	of t	ax credits claimed on line 6 agair	nst current year's f	ranchise ta	x				
Form CT-4	1•	Form CT-0	601.1 •		Form DTF-613	,			
Form CT-4	3•	Form CT-	602 •		Form DTF-624)			
Form CT-4	4●	Form CT-0	604 •		Form DTF-630)			
Form CT-2	49 •	Form CT-0	606 •		CT-631)			
Form CT-2	50 •	Form CT-0	611 •		Credit for servicing				
Form CT-2	59 •	Form CT-	611.1 •		mortgages (attach statement))			
Form CT-6	01 •	Form CT-	612 •		Other credits	•			
atta	ach a	redits listed above (enter here and on line ppropriate form or statement for each credi credits claimed on line 211 that are refu	t claimed)						
Amended	d ret	urn information							
Final feder	al de		ed, enter date of dete	rmination: • _			-		
Net opera	ating	g loss (NOL) information							
Federal NO New York \$	OL ca State	e combined group NOL carryover total arryover total arryover total available for use this tax ye combined group NOL carryforward to arryforward total for future tax years	year from all prior tax tal for future tax year	years s					
Third – pa designe (see instruct	ee	Yes No Designee's name (print) Designee's e-mail address				Designee (e's phone) PIN	number	
Certificati	on: l	certify that this return and any attachn	nents are to the best	of my knowled	dge and belief true	correc	t, and	complete).
Authoriz persoi		Signature of authorized person E-mail address of authorized person		Official title			Date		
Paid	Firm'	s name (or yours if self-employed)				ID num	ber		
preparer	Signa	ature of individual preparing this return	Address		City	Sta	te	ZIP code	
use only	E-ma	ail address of individual preparing this return					Date		

CT-32-A/C New York State Department of Taxation and Finance Report by a Banking Corporation Included in a Combined **Franchise Tax Return**

Tax Law — Article 32

						All filers mu	st enter tax	·	
<u> </u>			Пе	Ta :		beginning T		ending	
Combin	ed member er	mployer identification number (EIN)	File number	Business t	telephone numbe	r			
Legal pr	ame of corpora	ation]()		Trade name/DBA			
Legaina	arrie or corpora	auon				nade name/DDA			
Mailing	name (if differe	ent from legal name above)				State or country	of incorporation	Date received (for Tax Department use	only)
c/o						D : (:			
Number	and street or	PO box				Date of incorpor	ation		
City			State	ZIP code		Foreign corporation business in NYS	ons: date began		
NAICS I	ousiness code	number (from federal return) If address above is				your address or ation tax, or othe		Audit (for Tax Department use only)	
			X in the box	types, y	ou can do so d	online. Visit our V	Veb site		
Principa	al business act	tivity				d look for the characters herwise, see Bu			
						nchise tax return	instructions.		
Legal name	of parent corp	oration				Pan	ent EIN		
Metropo	litan tran	sportation business tax (M	TA surcharge	e)					
-		ear did you do business, em	•	-	ase property	y, or maintair	an office	in the	_
		mmuter Transportation Distri							
If you are	a real es	tate investment trust (REIT),	a qualified RE	IT subsic	diary, or a re	egulated inve	stment		
		ark an X in the box <i>(for definiti</i>							. •
Every co	rporation	that files Form CT-32-A/C m	ust include a f	ixed min	imum tax p	ayment of \$2	250 on For	m CT-32-A, line 8.	
Compu	tation of	the issuer's allocation p	ercentage (Complet	e Method 1	, 2, or 3; see	instruction	ns, Form CT-32-A/C-I)	
Method	1 — Enter	r the alternative entire net inc	come (ENII) allo	ncation n	ercentage f	rom the ann	ronriata	•	
Wiethou		lumn on Form CT-32-A/B, lin	, ,		•		•	•	%
Method		ew York State gross income.							70
		orldwide gross income							
		le line A by line B							%
	3 — Com	putation of subsidiary capi sheets displaying this informa	ital allocated	to New	York State				
		f subsidiary capital (list the nam					rnoration o	amplete columns P through (2 0 0
		i subsidiary capital (list the harr ling lines below)	ie or each corpo	oralion an	a trie Eliv riei	e; for each co	грогацоп, с	ompiete columns B through G	a OH
Item		gee seleti)	Name	2				EIN	
A			Ivairie	-				LIIV	
В									
С									
D									
Α	В	С	D			Е		= G	
Item	% of voting	Average value	Current liab attributab			Vet average value	Issu alloc	value allocated ation to New York State	۵
	stock	of subsidiary	subsidiary ((colun	nn C – column		6 (column E × column	n F)
	owned	capital							
Α									
В									
С									
D									
	n attached list								\dashv
1 Tota	ls				1.				

Meth	nod 3	<u> – С</u>	omputation of business c	apital a	allocat	ed to	New Y	ork St	ate					
2	Averag	ge va	lue of total assets from Form (CT-32-A	/B, line	69						2.		
3	Currer	rt lial	oilities (see instructions)				3	B.				•		
4	Total n	et av	verage value of subsidiary cap	tal from	line 1,	colun	nn E	l						
5	Net bu	ısine	ss assets (subtract lines 3 and 4	from line	2)							5.		
6	Alterna	ative	ENI allocation percentage from	n Form	CT-32-A	√B, li	ne 121 .					6.		%
7	Busine	ess a	ssets allocated to New York S	ate (mu	Itiply line	5 by 1	line 6)					7.		
Meth	nod 3	<u> – с</u>	omputation of the issuer's	alloca	ation p	erce	ntage				·			·
8	Subsid	diary	capital and business capital a	located	I to New	/ York	State (a	dd line 1,	column	G, and lin	ne 7)	8.		
9	Total v	vorld	wide capital (see instructions)									9.		
10	lssuer	's all	ocation percentage (divide line 8	by line	9)						1	0.		%
Con	nposi	tion	of prepayments (see instruc	ctions)										
			ayments to be credited and inc 2-M, <i>Banking Corporation MTA</i>				2-A, Bar	nking Co	orporati	on Com	nbined Fr	anchis	e Tax Re	turn,
						Fra	anchise '	tax				MTA	surchar	ge
					Date pa	aid		Amount		1	Date pa	aid	Α	mount
11	Man	datoi	ry first installment	11.						11.	·			
12a			nstallment from Form CT-400							12a.				
12b	Third	l inst	allment from Form CT-400	12b.						12b.				
12c	Four	th ins	stallment from Form CT-400	12c.						12c.				
13	Payn	nent	with extension request	13.						13.				
14	-		nent credited from prior years		ctions)	14.						14.		
15	Add	Amo	unt columns (enter here and incl	ude	,					(enter here	and include on			
	on	line 2	209 of Form CT-32-A)			15.				line 9 of For	m CT-32-M)	15.		
									•	•				
Thi	rd – pa	artv	Designee's na	me (print)								Desig	nee's phone	e number
	esigne		Yes No Designee's e-mail address									()	
	instructi		Designee's e-mail address										PIN	
Law	and is	also	Inder the penalties of perjury, I liable for the group tax liability ect, and complete.	declare , and I c	that thi certify th	is cor at thi	poration s report	is allow and any	ed to fil attach	e on a o	combined are to the	d basis best o	under N f my kno	lew York State wledge and
	thoriz		Signature of authorized person					Official t	itle					
ı	oersor	- 1	E-mail address of authorized person					•					Date	
D	aid	Firm's	s name (or yours if self-employed)									ID n	umber	
pre	Paid preparer Signature of individual preparing this report Address						C	City		State	ZIP code			
	inly E-mail address of individual preparing this report									Date				

Attach this report to the parent corporation's Form CT-32-A.



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 ente	r tax pe	riod:		
	Amended return			beginning T		end	ling I	
	Employer identification number	File number	Business telephone number	er If you claim a overpayment		_		
			()	an X in the b				
	Legal name of corporation			Trade name/DBA				
					_			
	Mailing name (if different from legal name above)			State or country of incorporation	Date re	ceived (i	for Tax Departmen	t use only)
	c/o							
	Number and street or PO box			Date of incorporation				
	City	State	ZIP code	Foreign corporations: date bega business in NYS	n			
Į								
	NAICS business code number (from federal return)	Principal business activity			Audit (f	or Tax D	Department use onl	y)
	If you need to update your address or phone info Web site at www.nystax.gov and look for the cha							
	tax return instructions		·		<u> </u>			
Ą.	Pay amount shown on line 14. Make				<u>-</u>	P	Payment enclose	∌d
7	Attach your payment here. Detach a	iii Check Stubs. (See	instructions for details	S.)	Α.			
Co	mputation of Metropolitan Comm	nuter Transportat	tion District (MC	ΓD) allocation perc	entage	(see	instructions)	
1	Gross income within MCTD				. 1.			
2								
_	MCTD gross income allocation per							%
	mputation of MTA surcharge	oomago (amao mio i	2)					7,5
4		ee instructions)			4 .			
5					_			
6					_			
	First installment of estimated MT	A surcharge for ne	ext period:					
7a	If you filed a request for extension, e	enter amount from F	Form CT-5, line 7, or	r Form CT-5.3, line 10	■ 7a.			
7b	If you did not file Form CT-5 or Form	n CT-5.3, see instru	ıctions		7 b.			
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, sub	tract line 9 from line 8	3)		10.			
11	, , , , , , , , , , , , , , , , , , ,			· ——				
12	! Interest on late payment (see instruct	tions)			12.			
13	Late filing and late payment penaltic	es (see instructions)			13.			
14	Balance due (add lines 10 through 13	and enter here; enter	payment amount on li	ne A above)	14.			
15	Overpayment (if line 8 is less than line	9, subtract line 8 from	n line 9; see instruction	าร)	15.			
16	Amount of overpayment to be credi	ited to New York St	ate franchise tax		16.			
17	Amount of overpayment to be credi	ited to MTA surchar	ge for next period		. 17.			
18	Amount of overpayment to be refun	nded			18.			- 1

Com	putati	on of prepayments on line 9 (see instructions)		Date paid		Am	ount	
19	Mandate	ory first installment	19.					
20a	Second	installment from Form CT-400	20a.					
20b	Third ins	stallment from Form CT-400	20b.					
20c	Fourth in	nstallment from Form CT-400	20c.					
21	Paymen	t with extension request, Form CT-5, line 10, or Form CT-5.3, line 13	21.					
22	Overpay	22.						
23	Add line	es 19 through 22			23.			
24	Overpay	ment credited from Form CT-32 or CT-32-A Period			24.			
25	Total pre	epayments (add lines 23 and 24; enter here and on line 9)			25.			
	d – party signee	Yes No Designee's name (print) Designee's name (print)			Desig (nee's phone)	number	
(see in	nstructions)	Designee's e-mail address				PIN		
Certif	ication:	I certify that this return and any attachments are to the best of my	/ knowle	edge and belief t	rue, cori	rect, and	complete.	
Autl	horized	3	al title					
ре	erson	E-mail address of authorized person				Date		
Pa	id Firm	n's name (or yours if self-employed)			ID n	number		
prepa	"	nature of individual preparing this return Address		City	_	State	ZIP code	
on	ly E-m	nail address of individual preparing this return				Date		



CT-32-S

New York State Department of Taxation and Finance

New York Bank S Corporation Franchise Tax Return

Tax Law - Articles 32 and 22

	A					All filers m	ust enter tax	period	d:		
_	Amended return					beginning			ending		
E	Employer identification number		File number	Business	telephone number		If you have any s			If you claim an	_
				()		mark an X in the		" • <u> </u>	an X in the box	_
L	Legal name of corporation					Trade name/Di	BA		ending ries S, If you claim an overpayment, ma an X in the box seceived (for Tax Department use only) for Tax Department use only) country (foreign headquarted ounty code Payment enclosed		
Ν	Mailing name (if different from legal name a	above)				State or country	of incorporation	Date rec	ceived (for	Tax Department use only)
	c/o										
Ν	Number and street or PO box					Date of incorpo	oration				
	Dity		State	ZIP code		Foreign corporate	tions: date began				
L						business in 1410	'		ending sidiaries e NYS, with an an X in the box are received (for Tax Department use only) and the received (for Tax Department use only)		
١	NAICS business code number (from federal	above is ne	ew,		need to update y			Audit (fo	or Tax Depa	artment use only)	
Ļ	Principal business activity	mark an X	in the box		you can do so c v.nystax.gov and						
'	Tillcipal business activity			my add	dress option. Ot	herwise, see <i>E</i>					
•	Number of shareholders New York as	information in the instructions. olders New York assets □ Total assets everywhere □ ZIP code (U.S. headquar					uarters) or Na	me of c	ountry (fc	reign headquarters)	-
	Transor or oraconologic Prow Fork as		Total accord	, vor y writer o		040 (0.0. 110440	juditoroj or		ountry (10	roigiriloaaqaartoioj	
H	vpe							- Coi	unty code	e	_
C	Number of shareholders New York assets Fype of Clearing house Savin Savin Pay amount shown on line 20. Make Attach your payment here. Detach all			ther con	nmercial:			-			
_		20. Make payab	ole to: New \	York Sta	te Corporat	tion Tax			Payı	ment enclosed	
	Attach your payment here.	Detach all chec	k stubs. <i>(</i> See	instructi	ons for details	:.)		A.			
on	nputation of tax and ins	tallment payn	nents of es	stimate	d tax (see in	structions, F	orm CT-32-S-	-1)			
1	Entire net income (ENI) fror	m Form CT-32, S	Schedule B,	line 59a	(see instructio	ns)		1.			
2	ENI allocation percentage (see instructions) .						2.		9	6
3											
4	Optional depreciation adjus	stments from Fo	rm CT-32, So	chedule	E, line 77, ar	nd Schedule	e F, line 82 •	4.			
5											
6											
7											
8											
9	Fixed dollar minimum							9.		250)(
	Franchise tax (enter amount	,									_
	Special additional mortgag	•									_
2	Net franchise tax (subtract li			ons)				12.			_
	First installment of estima		•								
	If you filed an application fo										_
	If you did not file Form CT-							13b.			_
	Total (add line 12 and line 13a	,						14.			_
	Total prepayments from line										_
	Balance (if line 15 is less than			,				16.			_
	Estimated tax penalty (see i										_
	Interest on late payment										_
9	Late filing and late paymen										_
20	,						_				_
21	' '				4 C\			21.			_
	Amount of overpayment to	be credited to r	next period		•			_			
10	Defended of account as the control of		-								_
	Refund of overpayment (sur Issuer's allocation percenta		line 21)					23.			%

Attach a complete copy of your federal returns.

Addition	al in	formation					
Mark an X	in th	te box and attach Form CT-60-QSSS to notify the Tax Departe boxes below to indicate the forms filed for any tax credit A, Part 2, of Form CT-34-SH, New York S Corporation Share	s claimed by the	New York S	corporat		
	opy o	CT-604 • ☐		CT-61	50 • 🗌 1.1 • 🔲 . If you fi		CT-601 • CT-612 • CT-612 • CT-612
If the Inter	nal R	levenue Service has completed an audit of any of your retu	rns within the la	st five years,	list years	s:	
		s a member of an affiliated federal me and EIN of the primary corporation:		EIN			
If Yes, give If this return short ye	e effe rn is ear (se	ation revoked its election to be treated as a New York S coctive date: for a termination year, mark an <i>X</i> in the appropriate box to he instructions): Normal accounting rules	indicate the met		ınting us	ed for the l	
Compos	ition	of prepayments on line 15 (see instructions)		Date pa	id	Amo	unt
25 Man	ndato	ry first installment	2		iid	AIIIC	unt
		nstallment from Form CT-400					
26b Third	d inst	allment from Form CT-400	26	b.			
26c Four	rth in	stallment from Form CT-400	26	c.			
-		with extension request from Form CT-5.4, line 5					
		nent credited from prior years					
		s 25 through 28 (enter here and on line 15)			29.		
Amende	d ret	turn information					
If filing an	amei	nded return, mark an \boldsymbol{X} in the box for any items that apply.					
Final feder	ral de	etermination If marked, enter date of det	ermination: •				
Capital los	ss ca	rryback Federal return filed	Form 1139 •	Form 11:	20X•		
Third – p design (see instruction	ee	Yes No Designee's name (print) Designee's e-mail address			Desig (gnee's phone (number
Certificat	ion: l	certify that this return and any attachments are to the best	t of my knowled	ge and belief	true, cor	rect, and c	omplete.
Authoria		Signature of authorized person E-mail address of authorized person	Official title			Date	
perso	111	L-mail address of authorized person				Date	
Paid	Firm'	s name (or yours if self-employed)			ID	number	
preparer	Signa	ature of individual preparing this return Address		City	_	State	ZIP code
only	E-ma	ail address of individual preparing this return				Date	

You must complete Form CT-34-SH and attach it to this form, along with any applicable schedules from Form CT-32 (see *instructions*).

New York State Department of Taxation and Finance Life Insurance Corporation Combined Franchise Tax Return

	Amended —		CHISE IA		11	All filers m	ust ent	er tax	perio	d:		
_	return	iax Lav	v — Article 3	33		beginning				ending		
E	Employer identification number		File number	Business telep	hone number		If address below is				If you claim an overpayment, mark	٠
				()			an X in t		iai K		an X in the box	`
L	egal name of corporation					If you need to			Date re	eceived (for Ta	ax Department use o	nly)
						your address information for	or phor	ne ration				
I 1	Mailing name (if different from legal nam	ne above)				tax, or other	tax type:	s,				
	Number and street or PO box					you can do s Visit our Web	site at					
ľ	number and street or PO box					www.nystax.g						
	Dity		State	ZIP code		option. Other	wise, se	e	Audit (for Toy Donor	tment use only)	
ľ	oity		State	ZIF Code		Business info the instruction		ın	Audit (i	ог тах Бераг	unent use only)	
Ī	Did any corporation in the comb	bined group do bus	iness, employ o	capital, own or	lease prop	erty, or main	tain an	office				
	n the MCTD? (mark an X in the ap			If Yes, you								
Ą.	Pay amount shown on lin	e 26. Make paya	ble to: New	York State C	Corporati	ion Tax			. –	Paym	nent enclosed	
Cor	Attach your payment here nputation of tax and in)			Α.			
	Combined allocated entir				4.4	× 0.07	1 🛋	1.				\top
	Combined allocated business	,	,			× 0.00	_ +	2.				+
	Combined allocated alte							3.				+
Δ	Minimum tax for parent of						┛ ┪	4.			250) 00
5	Combined allocated sub							5.			200	1
6	Combined franchise tax							6.				十
7	Combined life insurance of							7.				+
8	Total combined tax before							8.				十
9	Combined life insurance of					× 0.01		9.				+
10	Combined tax before EZ a							10.				+
	EZ and ZEA tax credits of						· /	11a.				+
	Combined tax after EZ a	·		•								+
	Combined minimum tax for sub							12.				+
	Total combined tax after						-	13.				+
	Combined life insurance con							14.				+
15	Combined tax from line	13 or 14 whicher	ver is less			× 0.02		_				+
	Tax credits (enter amount											\top
	Combined tax due (subtra											+
•	First installment of esti			2010, 011101	,							
18	If you filed a request for		-	Form CT-5.3	3. line 5			18.				Т
	If you did not file Form CT-											\top
20	—							20.				十
21	`	,					-	21.				\top
	Balance (if line 21 is less th							22.				\top
	Estimated tax penalty (se							23.				Т
	Interest on late payment							24.				Т
25								25.				Т
	Balance due (add lines 22							26.				\top
27		•						27.				\top
28								28.				\top
29								29.				\top
	Amount of overpayment							30.				\top
31							Г	31.				\top
	Refund of tax credits (see						_	32a.				\top
	Tax credit to be credited						_					\top
	Combined issuer's alloca		-				_	33.				%

Sche	edule A — Computation of combined allocation percentage (If you do not claim an allocation, enter 100 on line 48; see instructions)
	New York taxable premiums
35	New York ocean marine premiums
36	· · · · · · · · · · · · · · · · · · ·
37	·
38	
39	New York premiums ceded that are included on line 38
40	· · · · · · · · · · · · · · · · · · ·
41	
42	Combined New York premium percentage (divide column E line 40 by line 41)
43	Combined weighted New York premium percentage (multiply line 42 by nine)
44	New York wages, salaries, personal service compensation, and commissions
45	Total everywhere wages, salaries, personal service compensation, and commissions
46	Combined New York payroll percentage (divide column E line 44 by line 45)
	Total combined New York percentages (add lines 43 and 46)
	Combined allocation percentage (divide line 47 by ten; if line 42 or 46 is 0, see instructions)
	edule B — Computation and allocation of combined subsidiary capital (see instructions)
	Average fair market value of subsidiary capital
	Average value of current liabilities attributable to subsidiary capital
	Net average fair market value of subsidiary capital
	Net average value of subsidiary capital allocated to New York State (enter column E amount in the first box on line 5)
	edule C — Computation and allocation of combined business and investment capital (see instructions)
	Average value of total assets (see instructions)
	Average fair market value adjustment (show a negative amount with a minus (-) sign)
	Average value of nonadmitted assets from annual statement
	Total combined assets (add column E lines 53, 54, and 55)
	Average value of current liabilities
	Total combined capital (subtract column E line 57 from line 56)
	Combined subsidiary capital from column E line 51
	· · · · · · · · · · · · · · · · · · ·
61	Average value of assets, excluding subsidiary assets included on line 51, held as reserves under New York State Insurance Law
	sections 1303, 1304, and 1305 (use same method to value assets as on line 56)
	Adjusted combined business and investment capital (subtract column E line 61 from line 60)
	Combined allocated business and investment capital (multiply line 62 by the combined allocation percentage on line 48; enter here and in the first box on line 2,
	edule D — Computation and allocation of combined ENI (see instructions)
	FTI before operations or net operating loss (include disallowed dividends paid deduction: •)
	tions
	Dividends-received deduction (used to compute line 64)
	Dividend or interest income not included in line 64 (attach list)
	Interest to stockholders: minus 10% or \$1,000, whichever is larger
	Adjustment for gains or losses on disposition of property acquired before January 1, 1974
	Deductions attributable to subsidiary capital (attach list; see instructions)
70	New York State franchise tax deducted on federal return (attach list)
71	Amount deducted on your federal return as a result of a safe harbor lease
72	Amount that would have been required to be included on your federal return except for a safe harbor lease
73 74	Total amount of federal depreciation from Form CT-399 (see instructions)
	Other additions (see instructions) • IRC section 199 deduction: Total (add column E lines 64 through 74)
10	10tal aud columnii E mes 04 timouyii 74)

A Parent	B Total subsidiaries	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined total (column C – column D)		
Schedule A - Comput	ation of combined alloc	ation percentage				
34.				34.		
35. ●				35. ●		
36. ●				36. ●		
37. °				37. ●		
38.				38.		
39.				39.		
40.				40.		
41.				41.		
42.				42.	%	
43.				43.	%	
44.				44.		
45.				45.		
46.				46.	%	
47.				47.	%	
48.				48.	%	
	tation and allocation of o	combined subsidiary c	apital (see instructions)			
49.				49.		
50. •				50.		
51.				51.		
52. •				52.		
	tation and allocation of o	combined business an	d investment capital			
53.				53.		
54.				54.		
55. •				55.		
56.				56.		
57. •				57. •		
58.				58.		
59.				59.		
60.				60.		
•				•		
61.				61.		
62.				62.		
63.				63.		
	tation and allocation of o	combined FNI (see instru	uctions)	00.		
64. •		Johnshied Livi (366 mstr		64. [©]		
Additions				04.		
65. •				65. •		
66.				66.		
67. •				67. •		
68.				68.		
				69.	+	
69.				70.	+	
70.				71. •	-	
71.						
72. •				72.	+	
73. •				73.	_	
74.				74.	_	
75.				75.		

Sche	edule D — Computation and allocation of combined ENI (continued; see instructions)
Subt	ractions
76	Interest, dividends, and capital gains from subsidiary capital (attach list; see instructions)
77	Fifty percent of dividends from nonsubsidiary corporations (attach list; see instructions)
78	Gain on installment sales made before January 1, 1974 (attach list)
79	Combined New York operations loss or NOL (attach statement showing computation; see instructions)
80	Amount included on your federal return as a result of a safe harbor lease
81	Amount that could have been deducted on your federal return except for a safe harbor lease
82	Total amount of New York depreciation allowed under Article 33, section 1503(b) from Form CT-399 (see instructions)
83	Other subtractions (attach explanation on separate sheet; see instructions)
84	Total combined subtractions (add column E lines 76 through 83)
85	Combined ENI (subtract line 84 from line 75)
86	Combined allocated ENI (multiply line 85 by combined allocation percentage on line 48; enter here and in the first box on line 1)
	edule E — Computation and allocation of combined alternative base
	Officer salaries and other compensation (see instructions)
	Combined alternative base (add column E line 85 and line 87)
89	Statutory deduction (see instructions)
	Combined alternative base minus deduction (subtract line 89 from line 88)
	Combined alternative base multiplied by 30% (multiply line 90 by 0.3)
	Combined allocated alternative base (multiply line 91 by combined allocation percentage on line 48; enter here and in the first box on line 3)
	edule F — Computation of combined premiums (see instructions)
	bined life insurance company premiums taxable under section 1510
	Life insurance premiums
	Accident and health insurance premiums
	Other insurance premiums (attach list)
	Total combined life insurance company premiums (add column E lines 93 through 95; enter here and in the first box on line 7)
	bined life insurance company premiums included in the tax limitations computed under section 1505
	Life insurance premiums
	Accident and health insurance premiums
	Other insurance premiums
100	Total combined life insurance company premiums subject to the floor limitation on tax under section 1505(b)
	(add column E lines 97 through 99; enter here and in the first box on line 9)
	rance corporations who receive more than 95% of their premiums from:
	Annuity contracts, ocean marine insurance, and group insurance on the elderly (see instructions)
102	Total combined life insurance company premiums subject to the limitation on tax under section 1505(a)(2) (add lines 100 and 101,
	column E; enter here and in the first box on line 14)
	edule G — Computation of combined issuer's allocation percentage (see instructions)
	New York gross direct premiums
	Total gross direct premiums
105	Combined issuer's allocation percentage (divide column E line 103 by line 104; enter here and on line 33)

Schedule D — Computation and allocation of combined ENI (continued; see instructions)		A Parent		B Total subsidiaries	Subtotal	ımn Pl		D Intercorporate eliminations		Combined total	
Subtractions	Sche	edule D – Comput	atio	on and allocation of			d: see			(column c – column n	2)
16,		•			, , , , , , , , , , , , , , , , , , , ,		,				
17.										76.	
78, 78, 78, 78, 78, 79, 80, 78, 79, 80, 80, 81, 81, 81, 82, 82, 82, 82, 83, 84, 84, 84, 85, 86,		•								 	
19. 19.		•								 	
80, 81, 82, 82, 83, 82, 83, 84, 84, 84, 85, 86,										-	
St.							Т		Т		
82,		•									
83, 84, 85, 85, 86, 87, 88, 88, 89, 90, 90, 90, 91, 91, 91, 91, 91, 92, 87, 88, 88, 89, 90, 90, 90, 91, 92, 92, 92, 93, 94, 94, 94, 94, 94, 94, 94, 94, 94, 95, 96,		•								 	
84, 85, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 86, 87, 88, 88, 88, 88, 89, 90, 90, 90, 91, 92, 90, 91, 92, 92, 92, 93, 94, 94, 94, 94, 95, 96, 96, 97, 96, 97, 98, 98, 99,		•								1 1-1	
85. 86.											
86. 86.											
Schedule E — Computation and allocation of combined alternative base 87. 88. 88. 89. 90. 91. 90. 91. 92. 92. 92. 92. 92. 93. 94. 95. 95. 95. 95. 95. 95. 95. 96. 95. 96. 97.	-										
87. 88. 88. 88. 99. 90. 90. 91. 91. 92. Schedule F — Computation of combined premiums Combined life insurance company premiums taxable under section 1510 93. 93. 94. 94. 95. 95. 95. 96. 96. 96. 96. 96. 96. 96. 96. 96. 96		dula E Camput	o ti d	an and allocation of	combined alter	notivo b				80.	
88.		edule E — Comput	auc	on and allocation of	Combined after	native b	ase			07	
89. 90. 91. 91. 91. 92. Schedule F — Computation of combined premiums Combined life insurance company premiums taxable under section 1510 93. 94. 94. 95. 95. 96. 95. 96. 96. 97. 95. 97. 98. 96. 97. 97. 98. 99. 97. 97. 97. 98. 99. 97. 97. 97. 98. 99. 97											
90. 91. 92. 92. 93. 94. 94. 94. 94. 94. 94. 94. 94. 95. 96.	-										
91. 92.	-										
92.	-										
Schedule F — Computation of combined premiums Combined life insurance company premiums taxable under section 1510 33.	-										
Combined life insurance company premiums taxable under section 1510 33. 9 44. 9 94. 9 95. 9 96. 9 97. 9 98. 9 99. 9 100. 99. 9 100. 99. 9 100. 99. 9 100. 100.					•					92.	
93. 94. 95. 95. 96. 95. 96. 96. 96. 97. 96. 97. 96. 97. 97. 97. 97. 97. 97. 97. 97. 97. 97				<u> </u>		. 4540					
94. 9 95. 9 96. Combined life insurance company premiums included in the tax limitations computed under section 1505 97. 9 98. 9 99. 9 100. 100. 100. 101. 9 102. 102. 102. 102. 103. 9 104. 9 105. 104. 9 105. 105. 9 106. 106. 107. 108. 107. 9 108. 109. 9 109. 9 109. 9 100. 100.		bined life insurance	CC	ompany premiums ta	xable under secti	ion 1510	1				
95. 96. 95. 96. 96. 96. 96. 96. 96. 96. 96. 96. 96										-	
96. 96. 96. Combined life insurance company premiums included in the tax limitations computed under section 1505 97. 97. 97. 97. 97. 98. 99. 98. 99.										1 1-1	
Combined life insurance company premiums included in the tax limitations computed under section 1505 97. 98. 99. 99. 99. 99. 999. 999. 999. 9											
97. 98. 99. 99. 99. 99. 99. 99. 99. 99. 99											
98. 99. 99. 99. 99. 99. 99. 99. 99. 99.		bined life insurance	CC	ompany premiums ind	cluded in the tax	limitatio	ns co	mputed unde	r sec	1 1-1	
99. 99. 99. 99. 99. 99. 99. 99. 99. 99.										1 1-1	
100. Insurance corporations who receive more than 95% of their premiums from: 101. 101. 102. 102. 102. 102. 102. 102. 103. 104. 104. 105. 10	98.									1 1-1	
Insurance corporations who receive more than 95% of their premiums from: 101. 101. 102. 102. 102. 102. 102. 102.	99.									99.	
Insurance corporations who receive more than 95% of their premiums from: 101. 101. 102. 102. 102. 102. 102. 102.											
101. 101. 101. 102. 102. 102. 102. 102. 102. 103. 103. 104. 104. 105. 105. 105. 105. 106. 107. 108. 107. 108. 109. 109. 109. 109. 110. 110. 111. 112. 113. 114. 113. 114. 115. 115. 107. 108. 109. 109. 110. 111. 112. 113. 113. 113. 113. 113. 113. 113. 113. 114. 115. 11										100.	
Schedule G — Computation of combined issuer's allocation percentage 103. 103. 104. 105. 105. 105. 105. 76 Computation of prepayments (see instructions)			wh	o receive more than	95% of their prer	niums fr	om:				
Schedule G — Computation of combined issuer's allocation percentage 103.	101.									101.	
Schedule G — Computation of combined issuer's allocation percentage 103.										•	
103.										102.	
104. 105. 106. 106. 106. 106. 107. 107. 107. 108. 107. 108. 109. 109. 109. 109. 109. 110. 110. 110. 110. 111. 112. 113. 112. 113. 113. 113. 113. 113. 113. 114. 115. 11	Sche	edule G - Comput	ati	on of combined issu	uer's allocation p	percenta	age				
Tomputation of prepayments (see instructions) Date paid Amount 106 Mandatory first installment of combined group Second combined group installment from Form CT-400 Third combined group installment from Form CT-400 Towerpayment with extension request from Form CT-5.3, line 8 109 Payment with extension request from Form CT-5.3, line 8 110 Overpayment credited from prior year's combined return 111 Overpayment credited from Form CT-33-M Period 112 Total prepayments from subsidiaries not previously included in combined return 113 Total prepayments from subsidiaries not previously included in combined return 116. 117. 118 Total prepayments from subsidiaries not previously included in combined return 119. 110 Date paid Amount 106. 107. 108. 109. 110. 111. 112. 113.	103.									103.	
Computation of prepayments (see instructions) 106 Mandatory first installment of combined group	104.									104.	
106 Mandatory first installment of combined group	105.									105.	%
107 Second combined group installment from Form CT-400	Com	putation of prepay	me	ents (see instructions)				Date paid		Amount	
Third combined group installment from Form CT-400	106	Mandatory first insta	allm	nent of combined grou	p		106.				
Fourth combined group installment from Form CT-400	107	Second combined of	grοι	up installment from For	rm CT-400		107.				
Payment with extension request from Form CT-5.3, line 8	108	Third combined gro	up	installment from Form	CT-400		108.				
Payment with extension request from Form CT-5.3, line 8	109		•				-				
111 Overpayment credited from prior year's combined return 111. 112 Overpayment credited from Form CT-33-M Period 112. 113 Total prepayments from subsidiaries not previously included in combined return 113.	110	•									
112 Overpayment credited from Form CT-33-M Period									111.		
113 Total prepayments from subsidiaries not previously included in combined return						7					
					riously included in	_					
									_		

		ax credits claimed aga							
EZ and ZI	EA tax	x credits (attach appropr	iate form for	each credit cla	aimed)				
Form CT-60	o1 •[Form CT-6	601.1 •		Form CT-602	•		
115 Total	I EZ a	nd ZEA tax credits claim	ed above; an	nount cannot i	reduce the tax to less	s than			
		imum tax (enter here and o							
Tax credit	ts (atta	ach appropriate form or s	tatement for	each credit cla	aimed)				
Fire insura									
premiums credit	tax		Form CT-	250		Form CT-612			
Form CT-33			Form CT-			Form CT-613			
Form CT-3			Form CT-			Form CT-631	•	-	
Form CT-4	11 •		Form CT-			Form DTF-624		-	
Form CT-4			Form CT-	-611 •		Form DTF-630			
Form CT-4	4 •		Form CT-6			Other credits		-	
Form CT-2					•				
		credits claimed above; do							
		(enter here and on line 16)							
		credits claimed above that							
118 If any	y mer	mber in the combined gro	oup is a capti	ive REII or cap	otive RIC mark an X i	n the box (see instru	ictions for	definiti	ions)
Primary corp	poration	n name (if a member of an affiliated	group)			EIN			
Parent corpo	oration	name (if more than 50% owned by a	nother corporation	n)		EIN			
Amende	d reti	urn information							
If filing an	amen	ded return, mark an X in	the box for a	any items that	apply. Attach a comp	lete copy of your f	ederal re	turn.	
Final fodos	ral dat	termination	If ma	rked enter dat	e of determination:				
i illai ledel	iai uei	terrimation	II IIIa	iked, enter dat	e of determination.	·		-	
NOL or op	eratio	ons loss carryback •	Capit	tal loss carryba	nck	•			
			_			ı			
Federal re	turn fi	led: Form 1139 ●	_ Amende	d consolidated	Form 1120-L •	Amended conso	lidated F	orm 11	20-PC •
Net oper	ating	loss (NOL) or opera	ions loss i	nformation					
New York S	State I	NOL or operations loss ca	rryover total	available for us	e this tax year from al	I prior tax years	•		
Federal No	OL or	operations loss carryove	r total availa	ble for use this	tax year from all price	or tax years	•		
		NOL or operations loss				-			
Federal No	OL or	operations loss carryford	vard total for	future tax yea	rs		•		
		Daries	!				Daniman		
Third – p		Yes No Design	ee's name (print)				Designee's	s priorie i	number
design (see instruct		Designee's e-mail address						PIN	
Certificati		certify that this return an	d any attachi	ments are to th	e hest of my knowle	dge and helief true	correct		complete
		Signature of authorized person	a arry attaorn		Official title	ago ana bonor nuc	, 00/1001	, 4.14 0	,c.ripioto.
Authoriz	zed								
perso	n	E-mail address of authorized pe	rson					Date	
Poid	Firm's	name (or yours if self-employed)					ID numb	er	
Paid preparer	Signa	ture of individual preparing this	return	Address		City	State		ZIP code
use						- 	1 -		
only	E-mai	l address of individual preparing	uns return					Date	



CT-33-C New York State Department of Taxation and Finance Captive Insurance Company Franchise Tax Return Tax Law - Article 33

		All filers must ente				
	Amended return			beginning	endi	ng 🛮
Er	nployer identification number	File number	Business telephone numbe			If you claim an overpayment, mark
			()			an X in the box
Le	gal name of corporation			Trade name/DBA		
М	ailing name (if different from legal name above)			State or country of incorporation	Date received (for Tax Department use only)
C/	o					
Nı	umber and street or PO box			Date of incorporation		
Ci	ty	State	ZIP code	Foreign corporations: date began business in NYS		
	AICS business code number (from federal return) incipal business activity	If address/phone above is new, mark an X in the box	If you need to update you information for corporatio types, you can do so onli www.nystax.gov and look option. Otherwise, see Buinstructions.	n tax, or other tax ne. Visit our Web site at for the change my address	Audit (for Tax E	Department use only)
	ral return was filed on (mark an X in	•	1120-PC ●	Consolidated •	Other:	•
A.	Pay amount shown on line 19. Mak Attach your payment here. Detach	te payable to: New 1 all check stubs. <i>(</i> See	York State Corporate instructions for details	tion Tax .)	A.	Payment enclosed
Com	putation of tax and installmer	nt payments of es	stimated tax			
Tax c	on New York State gross direct pr	emiums				
1	First \$20,000,000 of gross direct p	remiums	. •	× .004 =	1.	
2	\$20,000,001-\$40,000,000 of gross	direct premiums	. •	× .003 =	2.	
3	\$40,000,001-\$60,000,000 of gross	direct premiums	. •	× .002 =	3.	
4	Excess of \$60,000,000 of gross di	rect premiums	. •	× .00075 =	4.	
Tax c	on New York State reinsurance pr	emiums				·
5	First \$20,000,000 of reinsurance p	remiums	. •	× .00225 =	5.	
6	\$20,000,001-\$40,000,000 of reinst	urance premiums	. •	× .0015 =	6.	
	\$40,000,001-\$60,000,000 of reinst	•		× .0005 =	7.	
	Excess of \$60,000,000 of reinsura	•		× .00025 =	8.	
Com	putation of tax and estimated tax	due				
9	Tax due based upon premiums (ad	d lines 1 through 8)			9.	
10	Minimum tax				10.	5,000 00
11	Tax due (enter the greater of line 9 or	10)			11.	,
	First installment of estimated ta	x for next period:		•		
12a	If you filed a request for extension	•	Form CT-5, line 2		12a.	
12b	If you did not file Form CT-5, see in					
13	Total (add line 11 and line 12a or 12b)					
14	Total prepayments from line 27					
15	Balance (if line 14 is less than line 13,				15.	
16	Estimated tax penalty (see instruction				 	
17	Interest on late payment (see instruc					
18	Late filing and late payment penalt					
19	Balance due (add lines 15 through 1					
20	Overpayment (if line 13 is less than li					
21	Amount of overpayment to be cred					
	Refund of overpayment (subtract lin					
						I

Composition of prepayments on line 14 (see instructions)

							Date paid	d	Am	ount	
23	Mandate	ory first installment				23.					
24a	Second	installment from Form	CT-400			24a.					
24b	Third ins	tallment from Form CT	T-400			24b.					
24c	Fourth in	stallment from Form C	CT-400			24c.					
25	Paymen	t with extension reques	st (from Form CT-5,	line 5)		25.					
26	Overpay	ment credited from price	or years				2	26.			
27	Total pre	payments (add lines 23	through 26; enter h	ere and on line 14)			2	27.			
Third	s, list yea	,	esignee's name (print)					Designee	e's phone	e number	
	signee estructions)	Designee's e-mail address							PIN		
Certif	ication:	certify that this return		ents are to the best		ge an	d belief tru	ie, correc	t, and	complete.	
Autl	horized	Signature of authorized per-	rson		Official title						
pe	erson	E-mail address of authorize	ed person						Date		
Pa	id Firn	Firm's name (or yours if self-employed)							iber		
prepa		nature of individual preparing	this return	Address			City	Sta	ite	ZIP code	
on	ly E-m	E-mail address of individual preparing this return						Date			

Attach a copy of your complete federal return and a copy of your *New York Captive Insurance Company Annual Statement* as filed with the New York State Insurance Department.



New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return Tax Law - Article 33, Section 1505-a All filers must enter to

	Amended _		,		All filers mu	st enter ta	x perio	d:	
_	return 🖳				beginning			ending	
E	imployer identification number	File number	Business telepho	ne numb	er	State or count	ry of incor	poration	If you claim an overpayment, mark
			()						an X in the box
	egal name of corporation				Date of incorpo	ration	Date r	eceived (for T	ax Department use only)
_					16				
N	Mailing name (if different from legal name above)				If you need to address or ph	one information			
	/o				for corporatio tax types, you online. Visit or	n tax, or other I can do so			
١	lumber and street or PO box				at www.nystax	c.gov and			
					look for the ch address optio	nange my			
	City	State	ZIP code		see Business in your franch	information	Audit	for Iax Depai	rtment use only)
L				4 .	instructions.		_		
	you do business, employ capital, own or lease prope ansportation District (MCTD) (the counties of New Yo								
P	utnam, Rockland, Suffolk, and Westchester), you mu	st complete this	s form. If not, you	do no	t have to file th	is form.			
_	owever, you must disclaim liability for the MTA surch					Α.		D	
A	Pay amount shown on line 22. Make payal Attach your payment here. Detach all check					_	$\mid \square \mid$	Payn	nent enclosed
C2:2			111311111111111111111111111111111111111	uelall	·3./		Α.		
	nputation of MCTD allocation percenta				,				
	-life insurance corporations MCTD alloca		tage (see instr	uction	S)	I			
1a	New York State direct premiums (total amo								
	Form CT-33-NL, lines 34 and 35 and enter he	,		a.			_		
1b	MCTD premiums included on line 1a (see	,	_						0/
2	Non-life insurance MCTD allocation perce		-				2.		%
	insurance corporations MCTD allocation			1S)					
3a	Net New York State premiums (from Form of								
01	CT-33-A, line 40, column E)						_		
3b	MCTD premiums included on line 3a (see								0/
4	MCTD premium percentage (divide line 3b l						\neg		%
5	Weighted MCTD premium percentage (mu						. 5.		%
6a	New York State wages (from Form CT-33, lir			_					
OI-	line 44, column E)		_	_			_		
6b	MCTD wages included on line 6a (see instr								0/
7	MCTD wage percentage (divide line 6b by line 11 to 12	,					_		<u>%</u>
8	Total MCTD percentages (add lines 5 and 7)								%
9	Life insurance MCTD allocation percentag	e (aiviae iine 8	by ten; it line 4	or line	e / Is U, see Ins	structions)	9.		%
	nputation of MTA surcharge	T.O.O. N			- 00 4 6"				T
10	Net New York State franchise tax (from Form CT						10.		
11	Allocated tax (Form CT-33-NL filers multiply li								
40	multiply line 10 by line 9) MTA surcharge before MTA surcharge reta						_		
12	•	•							
13	MTA surcharge retaliatory tax credit (see in						$\overline{}$		
14	Total MTA surcharge due (subtract line 13 fr						\neg		
15a	If you did not file Form CT 5 or Form CT 5						\neg		
15b	If you did not file Form CT-5 or Form CT-5						$\overline{}$		
16	Total (add lines 14 and 15a or 15b)								
17	Total prepayments (from line 45)								
18	Balance (if line 17 is less than line 16, subtract								
19	Estimated tax penalty (see instructions; mark						19.		
20	Interest on late payment (see instructions)						\neg		
21	Late filing and late payment penalties (see								
22	Balance due (add lines 18 through 21 and en	ter nere; enter	ше payment ar	iount (un iine A abov	<i>e)</i>	22.		

Com	noutati	ion	of MTA surcharge (continued)									
23			nent (if line 16 is less than line 17, subtract lin	na 16	from line 17	7)				23		
24		-	f overpayment to be credited to New Yo									
25			f overpayment to be credited to next ye							_		
26			f overpayment to be credited to next ye			_				_		
										_		
27 28			f MTA surcharge retaliatory tax credit to nd claimed (add lines 26 and 27)									
			ind of MTA surcharge retaliatory t							. 20	•	
Ciali	11 101 1	CIU	ind of WIA surcharge retailatory t	ax C	A	111511	<u>uctions)</u> B		С		D	Е
For t			efore 2004, attach separate computa		2004		200		2006		2007	2008
29			narge payable	29.								
30			narge retaliatory tax credits previously									
	allov	wed	(see instructions)	30.								
31			subtract line 30 from line 29;									
			an zero, enter 0)	31.								
32	Ninety	pe	rcent (.9) of retaliatory taxes paid this									
	year	r att	ributable to the 2004 MTA surcharge									
	(may	not	exceed line 31, column A)	32.					_			
33	Ninety	pe	rcent (.9) of retaliatory taxes paid this ye	ar a	ttributable							
	to th	ne 2	005 MTA surcharge (may not exceed line 3	31, cc	olumn B)	33.						
34	Ninety	pe	rcent (.9) of retaliatory taxes paid this ye	ar a	ttributable	to the	e 2006					
	MTA	\ su	rcharge (may not exceed line 31, column C)					34.				
35			rcent (.9) of retaliatory taxes paid this ye									
	(may	not	exceed line 31, column D)							35.		
36	Ninety	pe	rcent (.9) of retaliatory taxes paid this ye	ear a	ttributable	to the	e 2008 l	MTA s	urcharge			
	•		exceed line 31, column E)						•		36.	
37			surcharge retaliatory tax credits								, , , , ,	
			to date (see instructions)	37.								
38			its (add lines 32 through 36; enter here and o							38.		•
Com	positi	on	of prepayments claimed on line 1	7 (se	e instruction	ons)			Date pai	d	Ar	nount
39			y first installment					39.				
40a			stallment from Form CT-400				- F	40a.				
40b			allment from Form CT-400				-					
40c			stallment from Form CT-400				- F					
41			with extension request, from Form CT-5							. 41	_	
42	-		nent credited from prior years									
		-	39 through 42									
44			nent credited from Form CT-33-NL, CT-3							44		
45			ayments (add lines 43 and 44; enter here a							45		
Thir		. 1	Designee's name (print)								Designee's pho	ne number
	d – par esignee	. L	Yes No Designed Hame (p.m.)								()	
	instruction		Designee's e-mail address								PIN	
Certi	ficatio	n: l	certify that this return and any attachme	ents	are to the h	nest o	of my kr	nowled	dge and belie	f true		d complete
			Signature of authorized person		0 10 110 1		Official tit				, 55.1550, 411	
Aut	thorize	_										
р	erson		E-mail address of authorized person								Date	
	F	irm's	name (or yours if self-employed)								ID number	
1	aid											
1		igna	ture of individual preparing this return	Addres	SS				City		State	ZIP code
	se nly ^E	-mai	I address of individual preparing this return								Date	
"												





New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

All filers must enter tax periods

Tax Law — Article 33

						All filers filest effect tax period.					
4	Amended return				beginnin	g I	ending				
	Employer identification number (EIN)		File number	Business telephone no	umber			If you claim overpaymen an X in the b	nt, mark		
	Legal name of corporation	Trade nam	Trade name/DBA								
	Mailing name (if different from legal name above)		State or co	untry of incorporation	Date received (for	Tax Departmen	t use only)				
	C/O Number and street or PO box	Date of inc	corporation								
	City		State	ZIP code		rporations: date iness in NYS					
	NAICS business code number (from federal return)	e your address pration tax, or o o online. Visit ou	ther tax ur Web site at	Audit (for Tax Depa	ertment use onl	(y)					
	Principal business activity			www.nystax.gov and option. Otherwise, sinstructions							
(Metropolitan transportation busine capital, own or lease property, or mair Mark an X in the appropriate box. If Y	ntain an	office in the	e Metropolitan Co	mmuter Tra	nsportation Di	strict?		No 🔳		
A.	Pay amount shown on line 15. Mak Attach your payment here. Detach	e payab all chec	ole to: New k stubs. <i>(</i> See	York State Corpo e instructions for de	oration Tax tails.)		A. Payı	ment enclose	ed		
В	. Federal return filed: (mark an X in one	box)									
	Form 1120-L ● Form 112	0-PC •		Consolidated bas	is •	Other:			_ •		
	ve you been audited by the Internal Ref. Yes, list years:			he past 5 years?.			Yes •		No •		
	er primary corporation name and EIN member of an affiliated federal group):	Name					EIN				
	er parent corporation name and EIN ore than 50% owned by another corporation):	Name					EIN				

Attach a copy of your *Annual Report of Premiums and Exhibit of Premiums and Losses* (New York) as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement: Exhibit of Premiums Written*, Schedule T; Schedule F, *Reinsurance*, Parts 1 and 3; and *Underwriting and Investment Exhibit*, Part 2B - *Premiums Written*.

Com	putation of tax and installment paym	ents of estimated tax (see insti	ructions)				
1	Accident and health insurance premiums from	om line 34	× .0175	•	1.		
2	Other non-life insurance company premium		2.				
3	Total tax on premiums (add lines 1 and 2)	_ •	3.				
4	Minimum tax				4.	250	00
5	Tax due before credits (line 3 or line 4 amount				5.		
6	Tax credits (enter amount from line 47)	• ,			6.		
7	Tax due (subtract line 6 from line 5)				7.		T
	rst installment of estimated tax for next p						
8a	If you filed a request for extension, enter an			•	8a.		
8b	If you did not file Form CT-5 and line 7 is ov						
9	Total (add line 7 and line 8a or 8b)		9.				
10	Total prepayments from line 46						
11	Balance (if line 10 is less than line 9, subtract lin				11.		
12	Estimated tax penalty (see instructions; mark a	*					
13	Interest on late payment (see instructions)		· —				
14	Late filing and late payment penalties (see in						
15	Balance due (add lines 11 through 14 and ente				_		
16	Overpayment (if line 9 is less than line 10, subs				16.		+
17	Amount of overpayment to be credited to n	· · · · · · · · · · · · · · · · · · ·			-		+
18	Balance of overpayment (subtract line 17 from						+
19	Amount of overpayment to be credited to F						
20	Refund of overpayment to be credited to r				_		
	Refund of tax credits (see instructions)						
21b							
22		•					%
	Reinsurance allocation percentage from line				%		
	edule A — Allocation of reinsurance p					inad (aga instructions:	, -
SCII	attach separate sheet if necessa		sks calliot be	ueı	em	illed (see instructions,	
	A	В	С			D	
	Name of ceding company	Reinsurance premiums Reinsurance			Reinsurance premiums allocated to New York State		
		received	allocation %			cated to New York State (column B × column C)	
							+
							+
							+
							+
							+
Totalo	from attached sheet						+
	Total (add column D amounts: onter here and inc				+		
			a 24				

Sch	edule B — Computation of reinsurance allocation percentage (see instru	ctions	s)			
25	New York taxable premiums					
26	New York ocean marine premiums 26.					
27	New York premiums for annuity contracts and insurance for the elderly. • 27.				_	
28	New York premiums on reinsurance assumed (see instructions)					
29	Total New York gross premiums (add lines 25 through 28)					
30	New York premiums ceded that are included on line 29					
31	Total New York premiums (subtract line 30 from line 29)					
32	Total premiums					
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)		•	33.		%
Sch	edule C — Computation of taxable premiums (see instructions)					
	Accident and health insurance premiums (enter here and in the first box on line 1)			34.		
35	Other non-life insurance premiums (enter here and in the first box on line 2)			35.		
Sch	edule D — Computation of issuer's allocation percentage (see instruction	s)				
36	New York gross direct premiums			36.		
37	Total gross direct premiums					
38	Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)		•	38.		%
Com	position of prepayments (see instructions)					
			Date pa	iid	Amount	
39	Mandatory first installment	39.				
40	Second installment from Form CT-400	40.				
41	Third installment from Form CT-400	41.				
42		42.				
43	Payment with extension request from Form CT-5, line 5	43.				
44	Overpayment credited from prior years			44.		
45	Overpayment credited from Form CT-33-M Period			45.		
46	Total prepayments (add lines 39 through 45; enter here and on line 10)			46.		

Summary	tax credits claimed against current year's franchise tax (see instructions; attach applicable	e credit forms)
Fire insurar	premiums tax credit	
(enter amour	aimed)	
Form CT-33	• Form CT-606	
Form CT-4	• Form CT-611	
Form CT-43	• Form CT-611.1	
Form CT-44	• Form CT-612	
Form CT-24	Form CT-613	
Form CT-25	• Form CT-631	
Form CT-25	● Form DTF-624	
Form CT-60	● Form DTF-630 ●	
Form CT-60	Other credits	
Amended If filing an a	turn information nded return, mark an <i>X</i> in the box for any items that apply. etermination	
	Designee's name (print)	's phone number
	Yes No ()
_	Designee's e-mail address	PIN
,	I I certify that this return and any attachments are to the best of my knowledge and belief true, correc	
		i, and complete.
Authoriz		
person	ire insurance premiums tax credit Inter amount claimed)	
Doid	's name (or yours if self-employed) ID numl	per
	ature of individual preparing this return Address City Sta	te ZIP code
	The state of the s	
only	ail address of individual preparing this return	Date



CT-3-A

New York State Department of Taxation and Finance

General Business Corporation Combined Franchise Tax Return

Tax Law - Article 9-A

			All filers mu	ıst enter tax	period	:		
inal return 🔲 🛮 Amended returr	n I		beginning			ending		
Employer identification number	File number	Business telephone nu	mber	If you have any incorporated ou			If you claim ar overpayment,	
		()		mark an X in the		•	an X in the bo	
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 (for	Tax Department ι	se on
c/o								
Number and street or PO box			Date of incorp	oration				
]			
City	State	ZIP code	Foreign corpora business in NYS	tions: date began				
NAICS business code number (from federal return)	If address/phone above is new, mark	If you need to upd			Audit (fc	or Tax Depa	artment use only)	
	an X in the box	information for cor types, you can do						
Principal business activity		at www.nystax.gov						
		my address option		susiness				
ing the tax year, did any corporation perty, or maintain an office in the M	n in the combined gro etropolitan Commute	oup do business, e r Transportation D	employ capital District (MCTD)	? If Yes,		Ye	es 🔲 🕦	10
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (something pay amount shown on line 94. Ma	n in the combined groetropolitan Commute ee instructions)	e) Dup do business, er Transportation E	employ capital bistrict (MCTD) control bration Tax	? If Yes,			es ∎	
tropolitan transportation businessing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact	n in the combined groetropolitan Commute ee instructions)	e) Dup do business, er Transportation E	employ capital bistrict (MCTD) control bration Tax	? If Yes,				No I
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (sometime). Pay amount shown on line 94. Ma Attach your payment here. Detact	n in the combined groetropolitan Commute ee instructions)	pup do business, er Transportation E	employ capital District (MCTD) Pration Tax Bails.)	? If Yes,	Α.			
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (something pay amount shown on line 94. Ma	n in the combined groetropolitan Commute ee instructions)	pup do business, er Transportation E	employ capital District (MCTD) Pration Tax Bails.)	? If Yes,				
ong the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact	n in the combined groetropolitan Commute ee instructions)	e) oup do business, er Transportation E York State Corpo e instructions for det	employ capital District (MCTD) Pration Tax Pails.)	? If Yes,	A. B.	Pay	ment enclosed	
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (sometime payamount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstruction.	n in the combined groetropolitan Commute ee instructions)	bup do business, or Transportation E York State Corpo e instructions for det	employ capital District (MCTD)	? If Yes,	A. B.	Pay	ment enclosed	
ong the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstruction.	n in the combined groetropolitan Commute ee instructions)	bup do business, or Transportation E York State Corpo e instructions for det	employ capital District (MCTD)	? If Yes,	A. B.	Pay	ment enclosed	
ng the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstructions of the combined g	n in the combined groetropolitan Commute ee instructions)	pup do business, er Transportation De Proposition D	employ capital District (MCTD)	? If Yes,	A. B.	Pay	ment enclosed	
pay amount shown on line 94. Ma Attach your payment here. Detacl Combined issuer's allocation percoll fany member of the combined g	n in the combined groetropolitan Commute ee instructions)	pup do business, er Transportation De Proposition D	employ capital District (MCTD)	? If Yes,	A. B.	Pay	ment enclosed	
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstitution of the combined go Federal return filed (mark an X in on Form 1120	n in the combined groetropolitan Commute ee instructions)	york State Corpo e instructions for det a QSSS, mark an ete copy of your basis •	employ capital District (MCTD)	? If Yes, and attach Form. Other: •	A. B.	Pay	ment enclosed	
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstruction of the combined go Federal return filed (mark an X in one Form 1120 • Have you underreported your tax	n in the combined groetropolitan Commute ee instructions)	pup do business, or Transportation Experimental Experimen	employ capital District (MCTD)	? If Yes, and attach Form. Other: •[visit us at water.	A. B.	Pay	SSS	
ing the tax year, did any corporation perty, or maintain an office in the M parent must file Form CT-3M/4M (so Pay amount shown on line 94. Ma Attach your payment here. Detact Combined issuer's allocation perconstitution of the combined go Federal return filed (mark an X in on Form 1120	n in the combined groetropolitan Commute ee instructions)	pup do business, or Transportation Experimental Experimen	employ capital District (MCTD)	? If Yes, and attach Form. Other: •[visit us at water.	A. B.	Pay	SSS	

If you are filing Form CT-3-A for the first time and are part of a newly formed New York State combined group, follow the instructions on Form CT-51, Combined Filer Statement for Newly Formed Groups Only. For existing groups, Form CT-50, Combined Filer Statement for Existing Groups, will be sent to you for verification. Follow the instructions on Form CT-50.

Additional forms to file — File a Form CT-3-A/C, Report by a Corporation Included in a Combined Franchise Tax Return, for each member of the combined group, except the taxpayer that is designated as the parent corporation (the corporation responsible for filing this Form CT-3-A) and any nontaxpayer (a foreign corporation not taxable in New York State but included in the combined group).

Attach the following when you file your Form CT-3-A: Form(s) CT-3-A/C; Form(s) CT-3-A/ATT, Schedules A, B, and C-Attachment to Form CT-3-A; Form(s) CT-3-A/B, Subsidiary Detail Spreadsheet (if necessary); other relevant forms.

For additional information, see Which forms to file in Form CT-3-A-I, Instructions for Forms CT-3-A, CT-3-A/ATT, and CT-3-A/B.

See page 8 for third-party designee, certification, and signature entry areas.

Legal name of corporation Employer identification number Computation of combined entire net income (ENI) base 1 Federal taxable income before net operating loss (NOL) and special deductions (include disallowed dividends) 1. 2 Interest on federal, state, municipal, and other obligations not included on line 1 2. 3 Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock 3. 4a. 4a Interest deductions directly attributable to subsidiary capital...... 4b Noninterest deductions directly attributable to subsidiary capital...... 4b. 5a Interest deductions indirectly attributable to subsidiary capital...... 5a. 5b Noninterest deductions indirectly attributable to subsidiary capital...... 5b. New York State and other state and local taxes deducted on your federal return (see instructions) 6. Federal depreciation deduction from Form CT-399, if applicable (see instructions) 7. 8 Other additions (see instructions) • IRC section 199 deduction: 9 Add lines 1 through 8, column E..... 9. 10 Income from subsidiary capital (from line 219) 10. 11 Fifty percent of dividends from nonsubsidiary corporations (see instructions) 11. 12 Foreign dividends gross-up not included on lines 10 and 11..... 12. 13 Combined New York net operating loss deduction (NOLD) (attach federal and NYS computations) 13. 14 Allowable New York depreciation from Form CT-399, if applicable (see instructions) 14. 15 Other subtractions (see instructions) 15. 16 Total subtractions (add lines 10 through 15, column E)...... 16. 17. 17 Combined ENI (subtract line 16 from line 9; enter here and on line 42) 18 Combined investment income before allocation (from line 215, but not more than line 17, column E)..... 18. 19 Combined business income before allocation (subtract line 18, column E, from line 17, column E)...... 19. **20** Allocated combined investment income (multiply line 18 by • % | from line 199)..... 20. % from line 128, 160, or 163) 21 Allocated combined business income (multiply line 19 by ● 21. 22. 22 Total combined allocated income (add lines 20 and 21) 23 Optional depreciation adjustments (see instructions) 23. 24 Combined ENI base (line 22 plus or minus line 23, column E) 24. 25 Combined ENI base tax (multiply line 24 by the appropriate tax rate from the Tax rates schedule on page 7 of the instructions; enter here and on line 72).... 25. Computation of combined capital base (use average values and enter whole dollars for lines 26 through 31; see instructions) Total assets from federal return 26. 27 Real property and marketable securities included on line 26..... 27. 28 Subtract line 27 from line 26..... 28. 29 Real property and marketable securities at fair market value 29. 30 Adjusted total assets (add lines 28 and 29) 30. 31. 31 Total liabilities..... 32 Total combined capital (subtract line 31, column E, from line 30, column E) 33 Combined subsidiary capital from line 222, column E; if none, enter 0...... 33. 34 Combined business and investment capital (subtract line 33 from line 32) 34. 35 Combined investment capital from line 201, column E; if none, enter 0...... 35. 36 Combined business capital (subtract line 35 from line 34) 36. 37. 37 Allocated combined investment capital (multiply line 35 by ● % from line 199) Allocated combined business capital (multiply line 36 by • % from line 128, 160, or 163) 38. 39. 39 Combined capital base (add lines 37 and 38) 40 Combined capital base tax (see instructions) 40. 41 Combined issuer's allocation percentage (see instructions; enter here and on line B on page 1) 41.

	Α	В	С	D	E
	Parent	Total subsidiaries	Subtotal (column A + column B)	Intercorporate eliminations	Combined total (column C - column D)
					•
1.					1.
2.					2.
3.					3.
4a.					4a. •
4b.					4b. •
5a. 5b.					5a. • 5b. •
6.					6.
7.					7. •
8.					8. •
9.					9. •
10.					10.
11.					11.
12.					12.
13.					13.
14.					14.
15.					15.
16.					16.
17.					17.
18.					18.
19.					19. •
20.					20.
21.					21.
22.					22. •
23.					23. •
24.					24.
25.					25.
26.					26. ●
27.					27.
28.					28.
29.					29.
30.					30.
31.					31.
32.					32.
33.					33.
34.					34.
35.					35.
36.					36.
37.					37.
38.					38.
39.					39.
40.					40.
41.					41. • %

Employer identification number Legal name of corporation Computation of combined minimum taxable income (MTI) base 42 Combined ENI from line 17..... 42. Adjustments (see instructions) 43 Depreciation of tangible property placed in service after 1986 (see instructions) 43. 44 Amortization of mining exploration and development costs paid or incurred after 1986...... 44. 45 Amortization of circulation expenditures paid or incurred after 1986 (personal holding companies only) 45. 46 Basis adjustments in determining gain or loss from sale or exchange of property...... 46. 47. 47 Long-term contracts entered into after February 28, 1986 48 Installment sales of certain property..... 48. 49. 49 Merchant marine capital construction funds 50 Passive activity loss (closely held and personal service corporations only) 50. 51 Add lines 42 through 50, column E..... 51. Tax preference items (see instructions) 52 Depletion 52. 53. 53 Appreciated property charitable deduction..... 54 Intangible drilling costs..... 54. 55 Add lines 51 through 54, column E..... 55. 56 Combined New York NOLD from line 13..... 56 Total (add lines 55 and 56) 57. 58 Combined alternative net operating loss deduction (ANOLD) (see instructions) 58. 59. 59 Combined MTI (subtract line 58 from 57) 60 Combined investment income before apportioned NOLD (add line 18 and line 214) 60. 61 Combined investment income not included in ENI but included in MTI 61. 62 Combined investment income before apportioned ANOLD (add lines 60 and 61) 62. 63 Apportioned combined New York ANOLD (see instructions) 63. 64. 64 Combined alternative investment income before allocation (subtract line 63 from line 62) 65 Combined alternative business income before allocation (subtract line 64 from line 59) 65. **66** Allocated combined alternative business income (multiply line 65 by % from line 128, line 163, or line 195) 66. 67. 67 Allocated combined alternative investment income (multiply line 64 by % from line 199)..... 68 Allocated combined MTI (add lines 66 and 67) 68. 69 Optional depreciation adjustment from line 23, column E 69. 70 Combined MTI base (line 68 plus or minus line 69)..... 70. 71 Tax on combined MTI base (multiply line 70 by .015)..... 71.

	A Parent	B Total subsidiaries	C Subtotal (column A + column B)	D Intercorporate eliminations		E Combined total (column C - column D)
42.					42.	
43.					43.	
44.					44.	•
45.					45.	•
46.					46.	•
47.					47.	•
48.					48.	
49.					49.	
50.					50.	
51.					51.	•
52.					52.	
53.					53.	
54.					54.	
55.					55.	
56.					56.	
57.					57.	
58.					58.	
59.					59.	
60.					60.	
61.					61.	
62.					62.	
63.					63.	
64.					64.	
65.					65. 66.	
66. 67.					67.	
68.					68.	
					69.	
69.						
70.					70.	
71.					71.	

Legal	name of corporation	mployer identification num	ber		
Com	putation of tax				
72	Tax on combined ENI base from line 25	•	72.		_
73	Tax on combined capital base from line 40 (see instructions)				
	(if new small business, mark an X in applicable box: first year ●	second year •) •	73.		
	Fixed dollar minimum tax (see instructions)				
74a	New York receipts (see instructions)				
74b	Fixed dollar minimum tax (for the corporation filing this form)	•	74b.		_
75	Amount from line 71, 72, 73, or 74b, whichever is greatest (see instruction	ns)•	75.		
	Combined subsidiary capital base tax from line 224		76.		_
	Combined tax due before credits (add lines 75 and 76)		77.		_
	Tax credits from line 101a (attach appropriate form for each credit claimed)		78.		_
	Balance (subtract line 78 from line 77)		79.		_
	Amount from line 71 or line 74b, whichever is greater		80.		_
	Combined franchise tax (see instructions)		81.		_
82	Number of subsidiaries: Number of taxable subsidiar	ries: •	82.		
	See instructions before completing lines 83a and 83b				
	Sum of fixed dollar minimum taxes from subsidiaries (levels: \$1,500, \$3	-	83a.		_
	Sum of fixed dollar minimum taxes from subsidiaries (levels: \$25, \$75, \$		83b.		_
84	Total combined tax due (add lines 81, 83a, and 83b)		84.		
05-	First installment of estimated tax for next period:	_	05-		
	If you filed a request for extension, enter amount from Form CT-5.3, line		85a.		_
	If you did not file Form CT-5.3 and the total of lines 81 and 83a is over \$1,00	_			_
	Add line 84 and line 85a or 85b Total prepayments from line 108		86.	+	_
87			87. 88.		_
	Balance (subtract line 87 from line 86; if line 87 is more than line 86, enter 0)		89.		_
	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is Interest on late payment (see instructions)		90.		_
	Late filing and late payment penalties (see instructions)		91.		_
	Balance (add lines 88 through 91)		92.		-
32	Voluntary gifts/contributions (see instructions):		3Z.		
03a	Return a Gift to Wildlife	00			
	Breast Cancer Research & Education Fund	00			
	Prostate Cancer Research, Detection, and Education Fund 93c.	00			
	9/11 Memorial	00			
	Balance due (if line 87 is less than the total of lines 86, 89, 90, 91, and 93a throi				Τ
	difference here. This is the amount due; enter the payment amount on line A or	•	94.		
95	Overpayment (if line 87 is more than the total of lines 86, 89, 90, 91, and 93a th	, ,			
	difference here. This is the amount overpaid)	•	95.		
96	Amount of overpayment to be credited to next period		96.		
97	Balance of overpayment (subtract line 96 from line 95)	•	97.		
98	Amount of overpayment to be credited to Form CT-3M/4M		98.		
	Refund of overpayment (subtract line 98 from line 97)		99.		
100a	Refund of unused tax credits (see instructions and attach appropriate forms)		100a.		
100b	Tax credits to be credited as an overpayment to next year's return				_
	(see instructions and attach appropriate forms)		100b.		

Summ	nary of credits claimed on lin	e 78 against current	year's franchi	se tax (see instr	uctions	for lines	78, 100	Da and 100b, 10	01a and 10	1b)
CT-38	CT-24	1 •	CT-601.1.			CT-613	}			T
CT-40		2	CT-602			1				\top
CT-41		3	CT-603			1				\top
CT-43		6 •	CT-604			-				T
CT-44		8 •	CT-605			-				1
CT-46		9 •	CT-606			-				\top
CT-47		0 •	CT-611			-				+
CT-238		9 •	CT-611.1.			Servici				+
CT-239		1 •	CT-612			-	•	redit •		
					·			S		
101a 101b Comp 102 103a 103b	Total credits listed above (entrotal refund eligible tax credits (seposition of prepayments in Mandatory first installment of Second installment of combined Fourth installment of combined for the combined for	er here and on line 78; attach e instructions; the amount of the ncluded on line 87 combined group ned group from Form Ct-	a appropriate form of credit claimed as a re (see instruction CT-400	r statement for each fund should be shown ns)	102. 103a.	claimed) 1	101a. 101b.	Amo		
	Payment with extension requi									+
	Overpayment credited from p						105.			\vdash
	Overpayment credited from F		i				106.			\top
	Total prepayments from subsidia		ded in the combi	ned return (from F	orm(s) (CT-3-A/C)				\top
	Total prepayments (add lines 1					-	108.			一
	Interest deducted in computing	*								Т
	If the IRS has completed an aud	•								
	If a member of an affiliated fed				- 1					
	Name			● EIN						
112	If more than 50% owned by a Name	nother corporation, er	nter name of pa	arent corporation	n and	EIN:				
113	Corporations organized outside	de New York State, co	mplete the follo	owing for capita	al stoc	k issued	and o	outstanding:		
	Number of par shares	Value	1	Number of no-par sh				Value		
		\$						\$		
ntere	est paid to shareholders									
	Did this corporation make any pa owning directly or indirectly, indiv and outstanding capital stock (m. an X in the appropriate box on lir	ridually or in the aggregat ark an X in the appropriat	te, more than 50° te box)? If Yes, co ach separate sheet	% of the corporation of the corp	tion's is wing an	sued nd mark	114.	Yes ● □	No •]
	Shareholder's name			Social security num		IN				
	Interest paid to shareholder	Total indebtedness to share			·					_
	Is there written evidence of the						115.	Yes ●	No •	
116a	Is the combined group claiming	ng small business taxp	oayer status foi	lower ENI tax	rates?		116a.	Yes ●	No ●	1
	If you marked Yes on line 116	•					16b.			
117a	Is the combined group claiming tax limitation? (see instruction)				-		I17a.	Yes ● □	No _]
117b	Is the combined group claimir									
	(see instructions; mark an X in					I .	17b.	Yes ●	No]

Legal name of corporation Employer identification number

Computation of combined business allocation percentage for aviation corporations (use the combined totals when dividing)

124aNew York originating revenue124a.124bAdjusted New York originating revenue (multiply line 124a by 60% (.60))124b.125Total originating revenue125.126Combined New York originating revenue percentage (divide line 124b, column E, by line 125, column E)126.127Total combined New York percentages (add lines 120, 123, and 126)127.

Combined New York business allocation percentage (divide line 127 by three)

Computation of combined business allocation percentage (use combined totals when dividing)

If the companies in the combined group are **not** air freight forwarders acting as principal or like indirect air carriers, or qualified foreign air carriers, complete **only** lines 142 through 154 and enter on line 160 the receipts factor computed on line 154. The receipts factor is the business allocation percentage.

ହୁ 129	New York real estate owned	129.
see instructions) 130	Total real estate owned	130.
୍ଲି 131	New York real estate rented	131.
ž 132	Total real estate rented	132.
ਰੂ 133	New York inventories owned	133.
ලි 134	Total inventories owned	134.
<u>=</u> 135	New York tangible personal property owned	135.
$\dot{\sim}$	Total tangible personal property owned	136.
≟ 137	New York tangible personal property rented	137.
× 138	Total tangible personal property rented	138.
စ္ကို 139	Total New York property (add lines 129, 131, 133, 135, and 137)	139.
	Total property everywhere (add lines 130, 132, 134, 136, and 138)	140.
	Combined New York State property factor (divide line 139, column E, by line 140, column E)	141.
Ë		
€ 142	Sales of tangible personal property allocated to New York State	142.
	Total sales of tangible personal property	143.
- 등 144	New York services performed	144.
른 145	Total services performed	145.
ο 146	New York rentals of property	146.
≨ 147	Total rentals of property	147.
	New York royalties	148.
를 149	Total royalties	149.
ହିଁ 150	Other New York business receipts	150.
<u>2</u> 151	Total other business receipts	151.
<u>=</u> 152	Total New York receipts (add lines 142, 144, 146, 148, and 150)	152.
월 153	Total receipts everywhere (add lines 143, 145, 147, 149, and 151)	153.
<u>=</u> 154	Combined New York State receipts factor (divide line 152, column E, by line 153, column E)	154.
0 .0.	Combined New York State receipte ractor (divide line rez, column 2, by line rec, column 2)	
<u>2</u> 155	Combined New York State additional receipts factor (see instructions)	

(continued)

128.

	Α	В	С	D		E
	Parent	Total subsidiaries	Subtotal	Intercorporate		Combined total
			(column A + column B)	eliminations		(column C - column D)
118a.					118a.	
118b.					118b.	
119.					119.	
120.					120.	%
121a.					121a.	
121b.					121b.	
122.					122. °	
123.					123.	%
124a.					124a.	
124b.					124b.	
125.					125. °	
126.					126. °	%
127.					127.	%
128.					128. °	%

129.		129.	
130.		130. ●	
131.		131. •	
132.		132. °	
133.		133. °	
134.		134. °	
135.		135. °	
136.		136. ●	
137.		137. ●	
138.		138.	
139.		139.	
140.		140.	
141.		141.	%
142.		142.	
143.		143. °	
144.		144.	
145.		145. °	
146.		146. •	
147.		147.	
148.		148.	
149.		149.	
150.		150. ●	
151.		151. ●	
152. •		152. ●	
153. •		153. ●	
154.		154. ●	%
155.		155.	%

Legal name of corporation Employer identification number Computation of combined business allocation percentage (use combined totals when dividing) (continued) 156 New York wages and other compensation of employees except general executive officers 156. 157. 157 Total wages and other compensation of employees except general executive officers 158. 158 Combined New York State payroll factor (divide line 156, column E, by line 157, column E) 159. 159 Total combined New York State factors (add lines 141, 154, 155, and 158) Combined business allocation percentage (see instructions; enter here and in the boxes on line 21 and line 38) 160. Computation of combined business allocation percentage for trucking and railroad corporations (use the combined totals when dividing) 161 New York revenue miles 161. 162 Total revenue miles..... 162. 163 Combined New York business allocation percentage (divide line 161, column E, by line 162, column E) 163.

Computation of combined alternative business allocation percentage for combined MTI base

(use the combined totals when dividing)

If the companies in the combined group are **not** air freight forwarders acting as principal or like indirect air carriers, or qualified foreign air carriers, complete **only** lines 177 through 189 and enter on line 195 the receipts factor computed on line 189. The receipts factor is the alternative business allocation percentage.

Suc	164	New York real estate owned	164.
2		Total real estate owned	165.
inst	166	New York real estate rented	166.
		Total real estate rented	167.
£	168	New York inventories owned	168.
be	169	Total inventories owned	169.
pro	170	New York tangible personal property owned	170.
o	171	Total tangible personal property owned	171.
<u>ne</u>	172	New York tangible personal property rented	172.
٧a	173	Total tangible personal property rented	173.
age	174	Total New York property (add lines 164, 166, 168, 170, and 172)	174.
/erg	175	Total property everywhere (add lines 165, 167, 169, 171, and 173)	175.
4	176	Combined New York State property factor (divide line 174, column E, by line 175, column E)	176.
Ë	177	Sales of tangible personal property allocated to New York State	177.
sfr	178	Total sales of tangible personal property	178.
nes	179	New York services performed	179.
usi	180	Total services performed	180.
_		New York rentals of property	181.
		Total rentals of property	182.
Cou	183	New York royalties	183.
<u>a</u>	184	Total royalties	184.
egu	185	Other New York business receipts	185.
Je r	186	Total other business receipts	186.
		Total New York receipts (add lines 177, 179, 181, 183, and 185)	187.
pts	188	Total receipts everywhere (add lines 178, 180, 182, 184, and 186)	188.
čei	189	Combined New York State receipts factor (divide line 187, column E, by line 188, column E)	189.
æ	190	Combined New York State additional receipts factor (see instructions)	190.
		New York wages and other compensation of employees except general executive officers	191.
_		Total wages everywhere and other compensation of employees except general executive officers	
w		Combined New York State payroll factor (divide line 191, column E, by line 192, column E)	193.
ď	194	Total combined New York State factors (add lines 176, 189, 190, and 193)	194.
	195	Combined alternative business allocation percentage (see instructions)	195.

	Α	В	С	D	E	
	Parent	Total subsidiaries	Subtotal	Intercorporate	Combined total	al
			(column A + column B)	eliminations		nn D)
156.					156.	
157.					157. °	
158.					158.	%
159.					159.	%
160.					160.	%
101					404 0	
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162.					162.	0/
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			1			
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173.					173.	
174.					174.	
175.					175. [•]	
176.					176.	%
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187.					187. ●	
188.					188.	
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192.					192.	
193.					193.	%
194.					194.	% % %
195.					195.	%

Legal name of corporation Employer identification number Computation of combined investment capital and investment allocation percentage (see instructions) 196. 196 Section 1 - Corporate and governmental debt instruments..... A Average value (see instructions) A. Liabilities directly or indirectly attributable to investment capital (see instructions)..... В. Net average value (subtract line B from line A) C. D Net average value allocated to New York State..... D. 197 Section 2 - Corporate stock, stock rights, stock warrants, and stock options...... 197. Average value (see instructions) B Liabilities directly or indirectly attributable to investment capital (see instructions)...... В. Net average value (subtract line B from line A) C. D. D Net average value allocated to New York State..... 198 Total Section 1 and Section 2..... 198. A Average value (add lines 196A and 197A) B Liabilities directly or indirectly attributable to investment capital (add lines 196B and 197B) В. Net average value (add lines 196C and 197C) C. Net average value allocated to New York State (add lines 196D and 197D) D. 199 Combined investment allocation percentage (divide line 198D by line 198C; use to compute lines 20, 37, 67) 199. 200 Cash (optional)..... 200. Combined investment capital (add lines 198C, column E, and 200, column E) 201. Computation of combined investment income for allocation 202 Interest income from investment capital, listed on line 196, Section 1 (see instructions)...... 202 203 Interest income from bank accounts (if line 199 is zero, enter 0 here) 203. 204 204 All other interest income from investment capital 205 Dividend income from investment capital 205. 206 Net capital gain or loss from investment capital..... 206. 207 Investment income other than interest, dividends, capital gains or capital losses 207. 208 Total combined investment income (add lines 202 through 207)..... 208 209 Interest deductions directly attributable to investment capital...... 209. 210 Noninterest deductions directly attributable to investment capital...... 210. Interest deductions indirectly attributable to investment capital 211. 212 Noninterest deductions indirectly attributable to investment capital...... 212. 213 Balance (subtract the sum of lines 209 through 212, column E, from line 208, column E) 213. Apportioned New York combined NOLD..... 214. 215 Combined investment income before allocation (subtract line 214 from line 213; enter here and on line 18)..... Computation of income from combined subsidiary capital (see instructions) 216 Interest from combined subsidiary capital (attach list) 216. 217 Dividends from combined subsidiary capital (attach list) 217. 218 Capital gains from combined subsidiary capital (see instructions; attach list) 218. 219 Total income from combined subsidiary capital (add lines 216 through 218; enter here and on line 10) 219. Computation and allocation of combined subsidiary capital base and tax (see instructions for lines 220 through 223) Include corporations (except a DISC) in which you own more than 50% of the voting stock. Do not include the value of any subsidiaries included in the combined return. 220 Average value 220. 221. 221 Liabilities directly or indirectly attributable to subsidiary capital 222 Net average value (subtract line 221 from line 220) 222. 223 Net average value allocated to New York State 223.

Combined subsidiary capital base tax (multiply line 223, column E, by .0009; enter here and on line 76)

	A	B Total subsidiaries	C Subtotal	D Intercorporate		E Combined total
	Parent		(column A + column B)	eliminations		(column C — column D)
196.					196.	
A.					A.	
B.					B.	
C.					C.	
D.					D.	
197.					197.	
A.					A.	
B.					B.	
C.					C.	
D.					D.	
198.					198.	
A.					A.	
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C.					C.	
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220.					220.	
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223.					223.	
224.					224.	

Amended	d ret	urn information					
If any mem	nber	of the combined group is filing an	amended return, mar	k an X in the bo	ox for any items tha	at apply.	
Final feder	al de	etermination • If	marked, enter date o	of determination	n: •		-
Net operat	ing lo	oss (NOL) carryback ●	Capital loss carryback		•		
Federal ret	turn f	iled Form 1139 ● F	orm 1120X		•		
Net opera	ating	g loss (NOL) information					
New York S Federal NO Third - pa	State OL ca arty	arryover total available for use this combined group NOL carryforwar arryforward total for future tax year	rd total for future tax	years		•	s phone number
designe (see instruct		Designee's e-mail address					PIN
Authoriz persor	ed	certify that this return and any att Signature of authorized person E-mail address of authorized person	achments are to the b	Oest of my know	vledge and belief tr		a, and complete.
Paid preparer		s name (or yours if self-employed)	Address		City	ID numb	
use		il address of individual preparing this return			- ,		Date
See instruc	ction	s for where to file.					

CT-3-A/C New York State Department of Taxation and Finance Report by a Corporation Included in a Combined Franchise Tax Return

q				1	Гах Law	<i>i</i> — <i>i</i>	Article	9-A							All filers	mu <u>st</u> ع	enter tax	period
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								()									
Legal nan	me of co	rporation			_						Trade name/[DBA						
Mailing na	ame (if o	different from le	gal name above)								State or cour	ntry of ir	ncorporation	Date r	received (for Tax D	epartment us	e only)
c/o																		
	and stre	et or PO box									Date of inco	rporatio	on	1				
											L							
City						State		ZIP code			Foreign corpo	rations:	date began	1				
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Combined p	carent's	corporation	legal name							Comb	oined parent's	emplo	yer identi	ficatio	n numbe	er		
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capital, ov	wn or	lease prop	perty, or mai	ntain	an offic	ce in	the M	letropoli	itan Com	nmut	er Transpo	rtatio	n Distri	ct (M	CŤD)?	/oo •	- No	
			e box)													es L		-
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-			tax reduction			you	nad a	100% z	zone allo	catio	on factor, m	ark a	an X in t	ne bo	ЭX			
			x (see instruc		-					1								
			e instructions,															
Ib Fixed	dolla	minimum minimum	tax (only for	the c	orporatio	n filir	ng this	form)						1b.				
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on Fo	orm C	T-3-A, line	107)			7.					Form CT-3I	И/4М,	line 51)	7.				
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design		Yes	No L											()		
(see instruc		Designee's e	e-mail address													PIN		
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Attach this report to the parent corporation's Form CT-3-A.

Page 2 of 2 CT-3-A/C (2009)

Instructions

Need help? and Privacy notification

See the instructions for your franchise tax return.

Filing requirements — Form CT-3-A/C is an individual certification that must be filed by each member of the New York State combined group **except**:

- A. the taxpayer that is designated as the parent corporation (the corporation responsible for filing Form CT-3-A, *General Business Corporation Combined Franchise Tax Return*); and
- B. a foreign corporation that is not taxable in New York State.

Form CT-3-A/C must be filed annually and must be attached to the parent corporation's Form CT-3-A.

Reporting period — Use this tax return for calendar year 2009 and fiscal years that begin in 2009 and end in 2010.

You can also use the 2009 return if:

- you have a tax year of less than 12 months that begins and ends in 2010, and
- the 2010 return is not yet available at the time you are required to file the return.

In this case you must show your 2010 tax year on the 2009 return and take into account any tax law changes that are effective for tax years beginning after December 31, 2009.

All filers must complete the beginning and ending tax year boxes in the upper right corner on page 1 of the form.

Filing your final return — Mark an **X** in the *Final return* box on Form CT-3-A/C if the subsidiary corporation is a:

- domestic corporation that ceased doing business, employing capital, or owning or leasing property in New York State during the tax year and wishes to dissolve; or
- foreign corporation that is no longer subject to the franchise tax in New York State.

Do not mark an **X** in the *Final return* box if you are only changing the type of return that you file (for example, from Form CT-3 to CT-3-S, or from Form CT-3 to CT-32).

Do not mark an X in the *Final return* box in the case of a merger or consolidation.

Note: A foreign corporation, authorized to do business in New York State but disclaiming tax liability, that wishes to continue to be authorized must file Form CT-245, *Maintenance Fee and Activities Return for a Foreign Corporation Disclaiming Tax Liability*.

Call the Dissolution Unit at (518) 485-2639 (in-state callers without free long distance call 1 800 327-9688) if you have questions concerning surrendering authority to do business in New York State.

If you are a real estate investment trust (REIT) as defined in Internal Revenue Code (IRC) section 856 that is subject to federal income tax under IRC section 857, or a regulated investment company (RIC) as defined in IRC section 851 that is subject to federal income tax under IRC section 852, mark an **X** in the box.

Fixed dollar minimum tax — Lines 1a and 1b — Each corporation (except those mentioned in A and B above) must compute its own fixed dollar minimum tax on this form. Enter your New York receipts on line 1a. For a definition of New York receipts, see Form CT-3-A-I, *Instructions for Forms CT-3-A, CT-3-A/ATT, and CT-3-A/B*, line 74a. Enter the applicable fixed dollar minimum tax on line 1b of this form.

To avoid an erroneous assessment or a delay of your refund, you \mathbf{must} enter an amount on line 1a. If you do not have New York receipts, enter $\mathbf{0}$ on line 1a.

Do not pay the tax with this form. Enter the fixed dollar minimum tax on line 1b of this form and also include it on Form CT-3-A, line 83a or line 83b, whichever is applicable.

The fixed dollar minimum tax is computed as follows:

For a corporation with New York receipts of:	The fixed dollar minimum tax equals
Not more than \$100,000	\$ 25*
More than \$100,000 but not over \$250,000	\$ 75*
More than \$250,000 but not over \$500,000	\$ 175*
More than \$500,000 but not over \$1,000,000	\$ 500
More than \$1,000,000 but not over \$5,000,000	\$1,500
More than \$5,000,000 but not over \$25,000,000	\$3,500
Over \$25,000,000	\$5,000

^{*} Foreign authorized corporations: If the total of your tax (including tax imposed under Article 9) and MTA surcharge is less than \$300, you must increase your payment accordingly to satisfy the \$300 maintenance fee requirement.

Short periods — Fixed dollar minimum tax and maintenance fee

Compute the New York receipts for short periods (tax periods of less than 12 months) by dividing the amount of New York receipts by the number of months in the short period and multiplying the result by 12.

The fixed dollar minimum tax and maintenance fee may be reduced for short periods as follows:

Period	Reduction
Not more than 6 months	50%
More than 6 months but not more than 9 months	25%
More than 9 months	None

Composition of prepayments

Complete this schedule only if the corporation filing this Form CT-3-A/C made separate payments or has separate credits.

Lines 3 through 7 — Enter the member's prepayments to be credited and included in Form CT-3-A and Form CT-3M/4M, *General Business Corporation MTA Surcharge Return*. If you need more space, write **see attached** in this section, and attach a separate sheet showing all relevant prepayment information.

Line 6 — Include franchise tax payments credited from prior years in the *Franchise tax* column, and MTA surcharge payments credited from prior years in the *MTA surcharge* column.

Line 7 — The total of the *Franchise tax* column will be included on line 107 of Form CT-3-A. The total of the *MTA surcharge* column will be included on line 51 of Form CT-3M/4M, filed by the parent.

Third-party designee — If you want to authorize another person (third-party designee) to discuss this tax return with the New York State Tax Department, mark an **X** in the Yes box in the *Third-party designee* area of your return. Also **print** the designee's name, phone number, and any five-digit number the designee chooses as his or her personal identification number (PIN). If you want to authorize the paid preparer who signed your return to discuss the return with the Tax Department, **print** the preparer's name in the space for the designee's name and enter the preparer's phone number in the space for the designee's phone number. You do not have to provide the other information requested. If you do not want to authorize another person, mark an **X** in the *No* box.

If you mark the Yes box, you are authorizing the Tax Department to discuss with the designee any questions that may arise during the processing of your return. You are also authorizing the designee to:

- give the Tax Department any information that is missing from your return;
- call the Tax Department for information about the processing of your return or the status of your refund or payment(s); and
- respond to certain Tax Department notices that you shared with the designee about math errors, offsets, and return preparation. The notices will not be sent to the designee.

You are not authorizing the designee to receive your refund check, bind you to anything (including any additional tax liability), or otherwise represent you before the Tax Department. If you want the designee to perform those services for you, you must file Form POA-1, *Power of Attorney*, making that designation with the Tax Department. Copies of statutory tax notices or documents (such as a *Notice of Deficiency*) will only be sent to your designee if you file Form POA-1.

You cannot change the PIN. The authorization will automatically end on the due date (without regard to extensions) for filing your next year's tax return.



CT-3M/4M New York State Department of Taxation and Finance General Business Corporation MTA Surcharge Return

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t	tructions from line 6) In the box if F in CT-3, CT-3-A uctions for Form ine; enter the partie 6 from line York State fit surcharge for tions) 17	tructions from line 6) In the box if Form CT-222 is at an CT-3, CT-3-A, or CT-4) for either the payment amount and 6 from line 7; enter here and an York State franchise tax surcharge for next period tion percentage tions) A MCTI 17. 18. 19. 20. 21.	tructions from line 6) In the box if Form CT-222 is attached) In CT-3, CT-3-A, or CT-4) In ctions for Form CT-3, CT-3-A, or CT-4) In ce; enter the payment amount on line A about the from line 7; enter here and see instruction. York State franchise tax Surcharge for next period tion percentage tions) A MCTD 17. 18. 19. 20. 21.	tructions from line 6) If in the box if Form CT-222 is attached) If in CT-3, CT-3-A, or CT-4) In Ct-4 In Ct-4 In Ct-3, CT-3-A, or CT-4) In Ct-4 In C	5b. 6c. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	5b. 6c. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	5b. 6 7

Rece	ints in th	e regular course of busir	ness from:									
	-	ngible personal property alle		D 24.								
		gible personal property allocat										
		performed										
	-	f property										
	-	iness receipts										
		lines 24 through 29)					•			П		
		ceipts factor (divide line 30,			nn B)				• ;	31.		%
		Wages and other compe			,		•					
		ees except general execu		• 32.								
33	MCTD pa	yroll factor (divide line 32, co	olumn A, by line 32,	columi	n B)				• ;	33.		%
	-	D factors (add lines 23, 31,										%
35	MCTD allo	ocation percentage (divide	line 34 by three or l	by the n	umber of factors; en	nter her	e and on line 2,		• [35.		%
							T					
		art 2 —Computation of N	MCTD allocation	for	Α			В				
		rations (see instructions)			MCTD		New Y	ork Sta	te			
		aircraft arrivals and depart										
		rcentage (divide line 36, colu			3)				. • ;	37.		%
		tons handled										
		rcentage (divide line 38, colu							. • ;	39.		%
		g revenue										
	-	rcentage (divide line 40, colu										%
	•	lines 37, 39, and 41)								42.		%
		ocation percentage (divide					·····		. • 4	43.		%
		art 3 — Computation of laction all ailroad corporations (see		1 TOr	A		NI	B				
				- 44	MCTD		New Y	ork Sta	te			
		miles ocation percentage (divide			14 antono De anton	h	-/ /i O)			45		%
45	IVIC I D all	ocation percentage (divide	iirie 44, Columni A, I	oy iirie 4	4, Column B; enter i	nere an	a on line 2)		. • <u>[</u>	+3.		70
Com	position (of prepayments claimed	on line 7 (see insti	ructions	:)		Date pa	id		Ar	nount	
		y first installment				46.	•					
		, stallment from Form CT-4				47a.						
47b	Third insta	allment from Form CT-400				47b.						
47c	Fourth ins	stallment from Form CT-40	00			47c.						
48	Payment v	vith extension request from	Form CT-5, line 10), or Fo	rm CT-5.3, line 13	48.						
49	Overpayn	nent credited from prior ye	ears					. 49.				
		46 through 49						50.				
51	Overpaym	nent credited from Form C	T- [Period				51.				
52	Total prep	ayments (add lines 50 and 5	51; enter here and o	n line 7,)			. 52.				
Thir	d – party	Yes No Design	ee's name (print)					De	signe	e's phoi	ne number	
	signee	Designee's e-mail address) 		
(see i	instructions)									PIN		
Certi		certify that this return and	d any attachment	s are to	the best of my kr	nowled	dge and belie	f true, c	orre	ct, and	d complete.	
	fication:				Official ti	itle						
A +		Signature of authorized person										
l	thorized	Signature of authorized person	rson							Date		
l			rson							Date		
р	thorized erson	Signature of authorized person	rson					<u></u>	D nun			
Pa	thorized erson	Signature of authorized person E-mail address of authorized per		ress			City				ZIP code	
Pa	thorized person aid parer Signa	Signature of authorized person E-mail address of authorized person s name (or yours if self-employed)	return Add	lress			City			nber	ZIP code	

Staple forms here



CT-3-S

New York State Department of Taxation and Finance

New York S Corporation Franchise Tax Return

Tax Law - Articles 9-A and 22

			All filers	must enter	tax period:		
(Final return See page 5 of the instructions) Amended return		beginnin	ng 🛮	e	ending	
	Employer identification number	File number	Business telephone number	r	If you have any incorporated ou mark an X in the	ıtside NYS,	If you claim an overpayment, mark an X in the box
1	Legal name of corporation		,	Trade name/DB	3A		
	Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for Tax Department use only)
	c/o Number and street or PO box			Date of incorpo	ration	-	
	Number and sheet of 1 0 box						
	City	State	ZIP code	Foreign corporati business in NYS	ions: date began		
	NAICS business code number (from federal return)	If address/phone above is new, mark an X in the box	If you need to update y information for corpora types, you can do so o	ation tax, or oth	ner tax	Audit (for Tax D	epartment use only)
1	Principal business activity		at www.nystax.gov and my address option. Oth information in the instr	d look for the c herwise, see <i>B</i>	hange		
Ī	Has the corporation revoked its election to	be treated as a New York	k S corporation?	lumber of sha	reholders]	
Λ	Yes ● No ● If Yes, Pay amount shown on line 46. Ma	enter effective date:	Vark State Corporet	ion Toy		P	ayment enclosed
4	Attach your payment here. Detach	n all check stubs. (See	e instructions for details	.) .)		Α.	dymone onologod
B.	ou must attach a copy of the follow equired; see instructions); and (4) at the following of	any applicable creditederal Form 1120S, early Subsidiary (QSSS)	t claim forms. nter the form numbe in this return, mark an	r(s) here X in the box	●	Form CT-60	-QSSS
E.	. Enter your business allocation perce	ntage (if you did not com	nplete Form CT-3-S-ATT,	Schedule A, y	ou must ente	r either 0 or 1 0	00). ● %
F.	Enter your investment allocation perc	entage (if you did not cor	mplete Form CT-3-S-ATT,	Schedule B, y	ou must enter	r either 0 or 10	00) ●
G	. Did the S corporation make an IRO	C section 338 or 453	election?				Yes ● No ●
Н	. Did this entity have an interest in r	eal property located	in New York State du	ıring the las	t three year	rs?	Yes ● No ●
I.	Has there been a transfer or acqui	isition of a controlling	interest in this entity	during the	last three y	/ears?	Yes ● No ●
J.	If the IRS has completed an audit of	of any of your returns v	within the last five yea	ars, list year	s		
K	. If this return is for a New York S te used for the New York S short y						of accounting was
L.	Issuer's allocation percentage (see	instructions)					• %
M	. Mark an X in the box if you are filing	g Form CT-3-S as a re	esult of the mandatory	/ New York	S election o	f Tax Law s	ection 660(i)●

	ide the information for lines 1 through 10 fount column. (Show any negative amounts with a li			1120	OS, Schedule K, total
1	Ordinary business income or loss			1.	
2	Net rental real estate income or loss		•	2.	
3	Other net rental income or loss		•	3.	
4	Interest income		•	4.	
5	Ordinary dividends		•	5.	
6	Royalties		•	6.	
7	Net short-term capital gain or loss		•	7.	
8	Net long-term capital gain or loss		•	8.	
	Net section 1231 gain or loss				
	Other income or loss				
	Loans to shareholders (from federal Form 1120				
	Beginning of tax year ●	End of tax year ●			
12	Total assets (from federal Form 1120S, Schedule				
	Beginning of tax year ●	End of tax year •			
13	Loans from shareholders (from federal Form 1)		nns b and d)		
	Beginning of tax year •	End of tax year •	ino b and ay		
	Bogining of tax your •				
	ide the information for lines 14 through 21 y any negative amounts with a minus (-) sign; do no		es on your federal Forn B	n 112	20S, Schedule M-2.
		Accumulated adjustments account	Other adjustments account		Shareholders' undistributed taxable income previously taxed
14	Balance at beginning of tax year			•	
15	Ordinary income from federal Form 1120S,				
	page 1, line 21				
16	Other additions	•	•		
17	Loss from federal Form 1120S, page 1,	•			
	line 21				
18	Other reductions	•	•		
19	Add lines 14 through 18	•	•	•	
	Distributions other than dividend distributions	•	•	•	
	Balance at end of tax year. Subtract line 20	•	•	•	
	from line 19				
Con	nputation of tax (see instructions)				
	nust enter an amount on line 22; if none, e	nter 0.			
	New York receipts			22.	
	Fixed dollar minimum tax			-	
	Recapture of tax credits			-	
	Total tax after recapture of tax credits (add lin			-	
	Special additional mortgage recording tax ci				
	Tax due after tax credits (subtract line 26 from	,			
	installment of estimated tax for the nex				
	Enter amount from line 27			28.	
	If you filed a request for extension, enter am				
	If you did not file Form CT-5.4 and line 28 is			23.	
30	Otherwise enter 0			30.	
31	Add line 28 and line 29 or 30			31.	

Con	putatio	n of tax (continued)							
Com	position	of prepayments (see instructions):		Date paid	Amount				
32	Mandato	ry first installment	32.						
33	Second i	nstallment from Form CT-400	33.						
34	Third inst	tallment from Form CT-400	34.						
35	Fourth in	stallment from Form CT-400	35.						
36	Payment	with extension request from							
	Form (CT-5.4	36.						
37	Overpayr	ment credited from prior years		37.					
		payments (add lines 32 through 37)				•	38.		
		(subtract line 38 from line 31; if line 38 is lar					39.		
		d tax penalty (see instructions; mark an X					40.		
		on late payment					41.		
		g and late payment penalties					42.		
		(add lines 39 through 42)					43.		
		s/contributions (see instructions):							
		Gift to Wildlife		44a.		00			
		ancer Research & Education Fund				00			
		Cancer Research, Detection, and Educ		_		00			
		norial				00			
		31, 40, 41, 42, and 44a through 44d					45.		
		due (If line 38 is less than line 45, subtract I							
		ter your payment amount on line A on pa					46.		
47		ment (If line 38 is more than line 45, subtrac				7			
		of your overpayment; see instructions.)					47.		
48		of overpayment to be credited to next					48.		
		of overpayment (subtract line 48 from line				_	49.		
		im a refund of unused special addition							
		he amount from Form CT-43, line 13 (se					50.		
51		of special additional mortgage recording				•			
•		period	_		, ,		51.		
A		·					<u> </u>		
		turn information							
it tilin	g an ame	nded return, mark an $m{x}$ in the box for a	ny ite	ems that apply.					
Final	federal det	ermination • If marked, enter date of	of det	ermination: •	Fed	dera	l return	filed F	orm 1139 ●
	d – party signee	Yes No Designee's name (print) Designee's e-mail address					Desig (nee's phon)	e number
(see	instructions)							PIN	
Certi	fication:	certify that this return and any attachr	nents	are to the best of	my knowledge and beli	ef tr	ue, cor	rect, and	complete.
Aut	thorized	Signature of authorized person			Official title				
	erson	E-mail address of authorized person						Date	
D ₂	Firm	's name (or yours if self-employed)					ID r	number	
		ature of individual preparing this return	Addr	ess	City			State	ZIP code
us	se								
or	nly E-ma	ail address of individual preparing this return						Date	

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CT-5.9-E

New York State Department of Taxation and Finance Request for Three-Month Extension To File Form CT-186-E or Form CT-186-EZ (short form) (for telecommunications tax return and utility services tax return)

Tax Law — Article 9, Section 193

For calendar year 2009

_								101	Jaioriaar year 2	.000
J	mployer i	dentification number File number	Busi	ness telephone n	number					
L	egal nam	e of corporation	\	,	T	Trade name/DBA				
Ν	/ailing na	me (if different from legal name)				State or country of in	corporation Da	ate received (for Tax Department use	only)
	c/o									
ľ	Number ar	nd street or PO box				Date of incorporation	1			
	City	State	7ID	code code	_	Foreign corporations:	date hegan			
	DILY	State	ZIF	code		Foreign corporations: business in NYS		udit use		
If	vou nee	d to update your address or phone information for corporation tax	c or other	tax types you o	can do :	so online. Visit our		aan aso		
a re	t www.ny eturn and	estax.gov and look for the change my address option. Otherwise, lutility services tax return instructions.	see Busine	ess information	in your	telecommunication	is tax			
		File this form to request a three-month extensi			orm (CT-186-E or F	orm CT-18	6-EZ. D c	not use	
		o request an extension for any other New York S			ОТ.	100 5	OT 400 F7	, \Box		
		n will you be filing (mark an X in one box)?					CT-186-EZ		Payment enclosed	
A.	Pay a	mount shown on line 12. Make payable to: Nev h your payment here. Detach all check stubs. (S	V York See instr	State Corp	orati etaile l	on Iax	A .		ayment enclosed	\blacksquare
		tion of estimated taxes and MTA surcha		201101101101101	ctano.)	A. NYS			. MTA surcharge	<u></u>
		e tax on telecommunications services (see instru			1.	A. IVI	J tax		. WITA Surcharge	,
		n the furnishing of utility services		_						
		taxes (add lines 1 and 2)		_				_		
		surcharge related to telecommunication service		_	_			-		\top
		surcharge on the furnishing of utility services			5.					+
6		MTA surcharges (add lines 4 and 5)			6.					+
		Ilment of estimated tax:			0.			_		+
		1 is over \$1,000, see instructions; otherwise er	nter 0		7a.					
		2 is over \$1,000, see instructions; otherwise er			7b.					+
		ines 7a and 7b								\top
9		(column A, add lines 3 and 8; column B, add lines 6 a		_						
		prepayments (transfer amounts from line 17, column								\top
		ICE (subtract line 10 from line 9)		_	_					\top
		taxes and surcharges balance (add line 11, colum		_		; enter the payn	nent			
		ount on line A above)						2.		
Con	nposi	tion of prepayments claimed on line 10 (see ins	tructions)		A. N	YS tax	E	3. MTA surcharge	е
				Date pa	aid	An	nount		Amount	
13	Mand	latory first installment	13.							
14a	Seco	nd installment from Form CT-400	14a.							
14b	Third	installment from Form CT-400	14b.							
		h installment from Form CT-400								
		payment credited from prior years		<u></u>	1	_				
		payment credited from Form CTPeriod			10					\perp
17	Total	orepayments (total all entries in column A and column E	B; also en	nter on line 10)) 1	7.				\perp
		Finale page (comment of the first of the second of the sec						110	bar	
Р	aid	Firm's name (or yours if self-employed)						ID num	iber.	
pre	parer ise	Signature of individual preparing this document Add	ress				City	Sta	te ZIP code	
	nly	E-mail address of individual preparing this document							Date	

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