

**CT-32-M**

New York State Department of Taxation and Finance

**Banking Corporation  
MTA Surcharge Return**

Tax Law — Article 32, Section 1455-B

Staple forms here

Amended return ☐

All filers must enter tax period:

beginning  ending 

|  |                             |  |   |                                     |
|--|-----------------------------|--|---|-------------------------------------|
| Employer identification number   | File number                 | Business telephone number<br>( )                 | If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/> |                                     |
| Legal name of corporation  |                             | Trade name/DBA                                   |   |                                     |
| Mailing name (if different from legal name above)<br>c/o   |                             | State or country of incorporation                | Date received (for Tax Department use only)                                       |                                     |
| Number and street or PO box  |                             | Date of incorporation                            |   |                                     |
| City State ZIP code  |                             | Foreign corporations: date began business in NYS |   |                                     |
| NAICS business code number (from federal return)   | Principal business activity |  |   | Audit (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. See <i>Business information</i> in Form CT-1. |                             |  |   |                                     |

**A.** Pay amount shown on line 14. Make payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

**A.****Computation of Metropolitan Commuter Transportation District (MCTD) allocation percentage (see instructions)**

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

**Computation of MTA surcharge**

|   |   |    |  |  |
|---|---|----|--|--|
| 4 | Net New York State franchise tax (see instructions) ..... | 4. |  |  |
| 5 | Allocated tax (multiply line 4 by line 3) .....           | 5. |  |  |
| 6 | MTA surcharge (multiply line 5 by 17% (.17)) .....        | 6. |  |  |

**First installment of estimated MTA surcharge for next period:**

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

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

|   |  |                         |                                |
|---|--|-------------------------|--------------------------------|
| <b>Third – party designee</b><br>(see instructions) | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) | Designee's phone number<br>( ) |
|   | Designee's e-mail address                                |                         | PIN <input type="text"/>       |

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

|   |  |  |                                |                         |                |                        |
|---|--|--|--------------------------------|-------------------------|----------------|------------------------|
| <b>Authorized person</b>                      | Printed name of authorized person                  |  | Signature of authorized person |                         | Official title |                        |
|   | E-mail address of authorized person                |  |                                | Telephone number<br>( ) |                | Date                   |
| <b>Paid preparer use only</b><br>(see instr.) | Firm's name (or yours if self-employed)            |  |                                | Firm's EIN              |                | Preparer's PTIN or SSN |
|   | Signature of individual preparing this return      |  | Address                        |                         | City           | State ZIP code         |
|   | E-mail address of individual preparing this return |  |                                | Preparer's NYTPRIN      |                | Date                   |

See instructions for where to file.