CT-32-M

New York State Department of Taxation and Finance

Banking Corporation MTA Surcharge Return

Tax Law — Article 32, Section 1455-B

Amended return ☐

All filers must enter tax period:

beginning _____ ending _____

Employer identification number	File number	Business telephone number	If you claim an overpayment, mark an **X** in the box
		( )	☐

Legal name of corporation	Trade name/DBA

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 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 *Business information* 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.)*

A Payment enclosed

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 **X** in the box if Form CT-222 is attached)* ☐	**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**	

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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 Period	**24**		
25 Total prepayments *(add lines 23 and 24; enter here and on line 9)*	**25**		

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*	Designee's phone number ( )
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ( )	Date	
Paid preparer use only *(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.