



CT-3-A/C

New York State Department of Taxation and Finance

Report by a Corporation Included in a Combined Franchise Tax Return

Tax Law — Article 9-A

All filers must enter tax period:

Final return

beginning

ending

Employer identification number (EIN)		File number	Business telephone number ()		
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o			State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box			Date of incorporation		
City	State	ZIP code		Foreign corporations: date began business in NYS	
NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box <input type="checkbox"/>		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.		Audit (for Tax Department use only)
NYS principal business activity					
Combined parent's corporation legal name		Combined parent's EIN	Combined issuer's allocation percentage (from CT-3-A, line B) %		

Metropolitan transportation business tax (MTA surcharge) — During the tax year, did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box) Yes No

If you are a real estate investment trust (REIT) or regulated investment company (RIC), mark an X in the box (see instructions).....

If you claimed the QEZE tax reduction credit and you had a 100% zone allocation factor, mark an X in the box.....

If you claimed the tax-free NY area tax elimination credit and you had a 100% area allocation factor, mark an X in the box

If you claimed the tax-free NY area excise tax on telecommunications credit and you had a 100% area allocation factor, mark an X in the box.....

If you are an overcapitalized captive insurance company, mark an X in the box

Fixed dollar minimum tax (see instructions)

1a New York receipts **1a**

1b Fixed dollar minimum tax (only for the corporation filing this form) **1b**

2 Corporations organized outside New York State must complete the following for capital stock issued and outstanding:

Number of par shares	Value \$	Number of no-par shares	Value \$
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Composition of prepayments (see instructions)

	Franchise tax		MTA surcharge	
	Date paid	Amount	Date paid	Amount
3 Mandatory first installment	3		3	
4a Second installment from Form CT-400	4a		4a	
4b Third installment from Form CT-400	4b		4b	
4c Fourth installment from Form CT-400	4c		4c	
5 Payment with extension request	5		5	
6 Credit from prior years (see instructions)	6		6	
7 Add amount columns (enter here and include on Form CT-3-A, line 107; see instructions)	7		7	

See page 2 for third-party designee, certification, and signature entry areas.

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

Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this report 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 <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i>	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this report	Address	City State ZIP code
	E-mail address of individual preparing this report	Preparer's NYTPRIN	Date

If **not** e-filing, attach this report to the parent corporation's Form CT-3-A.

