## CT-3-A/C Report by a Corporation Included in a Combined Franchise Tax Return

Career	Tax Law – Article	<u>9-Δ</u>			All Iller 3 Ill	ust enter tax period
Final return			eginning		ending	
Employer identification number (EIN)	File number	Business telephone number				
		( )				
Legal name of corporation			Trade name/DE	3A		
Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for T	ax Department use only)
c/o						
Number and street or PO box			Date of incorpo	oration		
City	State	ZIP code	Foreign corporat business in NYS	ions: date began	-	
NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an <b>X</b> in the box	If you need to update phone information for			Audit (for Tax Depai	rtment use only)
NYS principal business activity		other tax types, you of Business information				
ombined parent's corporation legal name		Combined parent's EIN	• C	ombined issue	r's allocation perce	entage (from CT-3-A, line B)
						%

<b>Metropolitan transportation business tax (MTA surcharge)</b> — 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)
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 <b>X</b> in the box
If you are an overcapitalized captive insurance company, mark an <b>X</b> 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:

## Composition of prepayments (see instructions)

\$

			F		Franchise tax		]		7		MTA surcharge	
			Date p	aid		Amount				Date p	aid	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 instruct	tions)		6							6	
7	Add amount columns (enter here an	nd ind	clude					(enter here a	and ind	clude on		
	on Form CT-3-A, line 107; see instru	Jctior	ns)	7				Form CT-3I		line 51) <b>7</b>		

\$

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



Third – par designee (see instruction	Designee's e-mail address			( )	phone number						
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	Printed name of authorized person	Official title									
person	E-mail address of authorized person	Telephone number ( )	Da	ate							
Paid	Firm's name (or yours if self-employed)	Firm's	EIN	Preparer's	S PTIN or SSN						
preparer use	Signature of individual preparing this report	Address	City	State	ZIP code						
only (see instr.)	E-mail address of individual preparing this report	Preparer's NYTPRIN	Da	ate							

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

