



CT-33-M

New York State Department of Taxation and Finance

Insurance Corporation MTA Surcharge Return

Tax Law — Article 33, Section 1505-a

2001 calendar-yr. filers, check box:
Other filers enter tax period:

beginning

ending

| | | | | |
|---|---|-----------------------------------|---|---------------------|
| Employer identification number | | File number | If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section on back. | For office use only |
| Mailing name and address | Legal name of corporation | | | Date received |
| | Mailing name (if different from legal name above) and address | | | Audit use |
| | C/o Number and street or PO box | | | |
| City | | State | ZIP code | |
| <input type="checkbox"/> Check box if overpayment claimed | Business telephone number () | State or country of incorporation | Date of incorporation | |

If you do business, employ capital, own, or lease property, or maintain an office in the Metropolitan Commuter Transportation District (the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester), you must complete this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-33.

| | |
|---|------------------|
| A. Payment — pay amount shown on line 22. Make check payable to: New York State Corporation TaxAttach your payment here. | Payment enclosed |
|---|------------------|

Computation of MCTD allocation percentage (see Form CT-33-M-I for assistance)

| | | | |
|-----|--|-----|---|
| 1 | Net New York State premiums (from Form CT-33, line 37, or CT-33-A, line 34, column C) | 1 | |
| 2 | MCTD premiums included on line 1 | 2 | |
| 3 | MCTD premium percentage (divide line 2 by line 1) | 3 | % |
| 4 | Weighted MCTD premium percentage (multiply line 3 by nine) | 4 | % |
| 5 | New York State wages (from Form CT-33, line 41, or CT-33-A, line 38, column C) | 5 | |
| 6 | MCTD wages included on line 5 | 6 | |
| 7 | MCTD wage percentage (divide line 6 by line 5) | 7 | % |
| 8 | Total MCTD percentages (add lines 4 and 7) | 8 | % |
| 9 | MCTD allocation percentage (divide line 8 by ten) | 9 | % |
| 10 | Net New York State franchise tax (see instructions) | 10 | |
| 11 | Allocated tax (multiply line 10 by line 9) | 11 | |
| 12 | MTA surcharge (multiply line 11 by 17% (.17)) | 12 | |
| 13 | MTA surcharge retaliatory tax credit (see instructions) | 13 | |
| 14 | Total (subtract line 13 from line 12) | 14 | |
| 15a | If you filed a request for extension, enter amount from Form CT-5, line 7, or Form CT-5.3, line 10 | 15a | |
| 15b | If you did not file Form CT-5 or Form CT-5.3, see instructions | 15b | |
| 16 | Add lines 14 and 15a or 15b | 16 | |
| 17 | Total prepayments (from line 45) | 17 | |
| 18 | Balance (if line 17 is less than line 16, subtract line 17 from line 16) | 18 | |
| 19 | Penalty for underpayment of estimated MTA surcharge (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") | 19 | |
| 20 | Interest on late payment (see instructions) | 20 | |
| 21 | Late filing and late payment penalties (see instructions) | 21 | |
| 22 | Balance due (add lines 18 through 21; enter payment on line A above) | 22 | |
| 23 | Overpayment (if line 16 is less than line 17, subtract line 16 from line 17) | 23 | |
| 24 | Amount of overpayment to be credited to New York State franchise tax | 24 | |
| 25 | Amount of overpayment to be credited to next year's MTA surcharge | 25 | |
| 26 | Amount of overpayment to be refunded (subtract lines 24 and 25 from line 23) | 26 | |
| 27 | Amount of MTA surcharge retaliatory tax credit to be refunded (from line 38) | 27 | |
| 28 | Total refund claimed (add lines 26 and 27) | 28 | |

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

| | | | |
|---|---|----------------|---|
| Signature of elected officer or authorized person | | Official title | Date |
| Paid preparer use only | Firm's name (or yours if self-employed) | ID number | Date |
| | Address | | Signature of individual preparing this return |

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**

Also mail a copy to: **THE NYS INSURANCE DEPARTMENT, AGENCY BUILDING 1, EMPIRE STATE PLAZA, ALBANY NY 12257**

See back for claim for refund

Claim for refund of MTA surcharge retaliatory tax credit

| | Column A 1996 | Column B 1997 | Column C 1998 | Column D 1999 | Column E 2000 |
|---|------------------|------------------|------------------|------------------|------------------|
| 29 MTA surcharge payable | 29 | | | | |
| 30 MTA surcharge retaliatory tax credits previously allowed (see instructions) | 30 | | | | |
| 31 Balance (subtract line 30 from line 29; if less than zero, enter "0") | 31 | | | | |
| 32 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1996 MTA surcharge (may not exceed line 31, Column A) | 32 | | | | |
| 33 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1997 MTA surcharge (may not exceed line 31, Column B) | | 33 | | | |
| 34 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1998 MTA surcharge (may not exceed line 31, Column C) | | | 34 | | |
| 35 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 1999 MTA surcharge (may not exceed line 31, Column D) | | | | 35 | |
| 36 Ninety percent (.9) of retaliatory taxes paid this year attributable to the 2000 MTA surcharge (may not exceed line 31, Column E) | | | | | 36 |
| 37 Total MTA surcharge retaliatory tax credits allowed to date (see instructions) | 37 | | | | |
| 38 Total credits (add lines 32 through 36; enter here and on line 27) | | | | 38 | |

Composition of prepayments claimed on line 17

| | | Date paid | Amount |
|--|------------|-----------|--------|
| 39 Mandatory first installment | 39 | | |
| 40a Second installment from Form CT-400 | 40a | | |
| 40b Third installment from Form CT-400 | 40b | | |
| 40c Fourth installment from Form CT-400 | 40c | | |
| 41 Payment with extension application, from Form CT-5, line 10, or Form CT-5.3, line 13 | 41 | | |
| 42 Overpayment credited from prior years | 42 | | |
| 43 Add lines 39 through 42 | 43 | | |
| 44 Overpayment credited from Form CT-33 or CT-33-A <input type="text" value="Period"/> | 44 | | |
| 45 Total prepayments (add lines 43 and 44; enter here and on line 17) | 45 | | |

Need help?



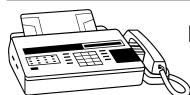
Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



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



Internet access: www.tax.state.ny.us



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), 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, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
W A HARRIMAN CAMPUS
ALBANY NY 12227