

**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**1999 calendar-yr. filers, check box ☐
Other filers enter tax period:

beginning

ending

Employer identification number		File number	For office use only	
Mailing name and address	Legal name of corporation	Trade name/DBA		
	Mailing name (if different from legal name) and address			
	State or country of incorporation			
	Date of incorporation			
c/o		Date of incorporation	Foreign corporations: date began business in NYS	
Number and street or PO box				
City		State	ZIP code	Audit use
If address above is new, check box (see instructions) <input type="checkbox"/>		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.		
NAICS business code number (see instructions)		Principal business activity		

Combined parent's corporation name

Combined parent's employer identification number

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?

☐ Yes☐ No

Gross payroll	Total receipts	Average value of gross assets
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1 Fixed dollar minimum tax (only for the corporation filing this form; see instructions)

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

Number of par shares	Value	Number of no-par shares	Value
	\$		\$

Composition of prepaymentsMember's prepayments to be credited and included in Form CT-3-A, *General Business Corporation Combined Franchise Tax Return*, and Form CT-3M/4M, *General Business Corporation MTA Surcharge Return*.

	Franchise tax				MTA surcharge			
	Date paid		Amount		Date paid		Amount	
3 Mandatory first installment ...	3				3			
4 CT-400 installments	4	(1)			4	(1)		
		(2)				(2)		
		(3)				(3)		
5 Payment with extension	5				5			
6 Credit from prior years (see instructions)		6				6		
7 Add amount columns (enter here and include on line 107 of Form CT-3-A)		7			(enter here and include on line 51 of Form CT-3M/4M) ..	7		

Certification. Under 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.

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

Attach this report to the parent corporation's Form CT-3-A.**Mail to: NYS CORPORATION TAX PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909****CT-3-A/C**