

Form **941 for 2011: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2011) Department of the Treasury — Internal Revenue Service

950111
 OMB No. 1545-0029

(EIN) -
 Employer identification number

Name (not your trade name)
 Trade name (if any)

Address
Number Street Suite or room number

City State ZIP code

Report for this Quarter of 2011
 (Check one.)

1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Prior-year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="45"/>
2	Wages, tips, and other compensation	2	<input type="text" value="260252"/> <input type="text" value="25"/>
3	Income tax withheld from wages, tips, and other compensation	3	<input type="text" value="21446"/> <input type="text" value="79"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6e.	
	<i>Column 1</i>	<i>Column 2</i>	
5a	Taxable social security wages	<input type="text" value="260052"/> <input type="text" value="25"/> × .104 =	<input type="text" value="27045"/> <input type="text" value="43"/>
5b	Taxable social security tips	<input type="text"/> × .104 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="261252"/> <input type="text" value="25"/> × .029 =	<input type="text" value="7576"/> <input type="text" value="32"/>
5d	Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c	5d	<input type="text" value="34621"/> <input type="text" value="75"/>
5e	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5e	<input type="text"/>
6a	Reserved for future use.		
6b	Reserved for future use.		
6c	Reserved for future use.		
6d	Reserved for future use.		
6e	Total taxes before adjustments (add lines 3, 5d, and 5e)	6e	<input type="text" value="56068"/> <input type="text" value="54"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="0"/> <input type="text" value="01"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6e through 9	10	<input type="text" value="56068"/> <input type="text" value="53"/>
11	Total deposits, including prior quarter overpayments	11	<input type="text" value="56068"/> <input type="text" value="53"/>
12a	COBRA premium assistance payments (see instructions)	12a	<input type="text"/>
12b	Number of individuals provided COBRA premium assistance	<input type="text"/>	
13	Add lines 11 and 12a	13	<input type="text" value="56068"/> <input type="text" value="53"/>
14	Balance due. If line 10 is more than line 13, enter the difference and see instructions	14	<input type="text" value="0"/> <input type="text" value="00"/>
15	Overpayment. If line 13 is more than line 10, enter the difference	<input type="text"/> <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

Do Not Complete Lines 6a-6d

CLIENT'S COPY

▶ You MUST complete both pages of Form 941 and SIGN it.

Next ▶

Name (not your trade name)

THE INSTITUTE FOUNDATION INC

Employer identification number (EIN)

13-3855108

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

17 Check one: Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

18 If your business has closed or you stopped paying wages Check here, and enter the final date you paid wages / /

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number STEVEN R. CORWIN, ACCOUNTANT 516-921-4313

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. 6 1 1 1 1

No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

CLIENT'S COPY

Print your name here

Print your title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed

Preparer's name

PTIN

Preparer's signature

Date / /

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Schedule B (Form 941):

960309

Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. February 2009)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number **1 3 - 3 8 5 5 1 0 8**

Name (not your trade name) **THE INSTITUTE FOUNDATION, INC.**

Calendar year **2 0 1 1** (Also check quarter)

Report for this Quarter ...
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. When you file this form with Form 941 (or Form 941-SS), DO NOT change your tax liability by adjustments reported on any Forms 941-X. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (Circular E), Employer's Tax Guide, for details.

Month 1

1	9	17	25	Tax liability for Month 1 20318 . 27
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

9060 . 31 11257 . 96

Month 2

1	9	17	25	Tax liability for Month 2 19071 . 35
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

9971 . 14 9100 . 21

Month 3

1	9	17	25	Tax liability for Month 3 16678 . 91
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		

9374 . 01 7304 . 90

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter
56068 . 53

NYS-45 (2/11)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return



41119419

Reference these numbers in all correspondence:

UI Employer registration number 8689436 0
Withholding identification number 133855108 7

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Jan 1 - Mar 31 [] Apr 1 - Jun 30 [] July 1 - Sep 30 [] Oct 1 - Dec 31 [X] Tax year 11

For office use only Postmark

Received date

Employer legal name: THE INSTITUTE FOUNDATION, INC.

If seasonal employer, mark an X in the box.....

Table with columns: Number of employees, a. First month (48), b. Second month (46), c. Third month (45)

UI SK AI SI WT SK

Part A - Unemployment insurance (UI) information

Part B - Withholding tax (WT) information

1. Total remuneration paid this quarter 261252.00
2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1 239994.00
3. Wages subject to contribution (subtract line 2 from line 1) 21258.00
4. UI contributions due Enter your Tax rate 1 . 425 % 302.93
5. Re-employment service fund (multiply line 3 x .00075) 15.94
6. UI previously underpaid with interest
7. Total of lines 4, 5, and 6 318.87
8. Enter UI previously overpaid
9. Total UI amounts due (if line 7 is greater than line 8, enter difference) 318.87
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)*
11. Apply to outstanding liabilities and/or refund

12. New York State tax withheld 8163.99
13. New York City tax withheld 3224.22
14. Yonkers tax withheld
15. Total tax withheld (add lines 12, 13, and 14) 11388.21
16. WT credit from previous quarter's return (see instr.)
17. Form NYS-1 payments made for quarter 11388.21
18. Total payments (add lines 16 and 17) 11388.21
19. Total WT amount due (if line 15 is greater than line 18, enter difference) 0.00
20. Total WT overpaid (if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)*
20a. Apply to outstanding liabilities and/or refund
20b. Credit to next quarter withholding tax
21. Total payment due (add lines 9 and 19; make one remittance payable to NYS Employment Taxes) 318.87

* An overpayment of either tax cannot be used to offset the amount due on the other tax. Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

Part C - Employee wage and withholding information

Table with columns: Social security number, Last name, first name, middle initial, UI remuneration paid this quarter, Gross federal wages or distribution, Total NYS, NYC, and Yonkers tax withheld

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete. Taxpayer's signature Signer's name (Please print) Title

Date Telephone number

CLIENT'S COPY

Withholding identification number

133855108 7



41119426

Part D - Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on the front of this return must reflect these corrections/additions.

Table with 4 columns: a Original last payroll date reported on Form NYS-1, line A (MMDD); b Original total withheld reported on Form NYS-1, line 4; c Correct last payroll date (MMDD); d Correct total withheld. Includes 6 rows of input boxes.

Part E - Change of business information

22. This line is not in use for this quarter.

23. If you permanently ceased paying wages, enter the date (MMDDYY) of the final payroll (see Note below).....

24. If you sold or transferred all or part of your business:

- Mark an X to indicate whether in whole or in part
Enter the date of transfer (MMDDYY)
Complete the information below about the acquiring entity

Form for acquiring entity information: Legal name, EIN, Address

Note: For questions about other changes to your withholding tax account, call the Tax Department at (518) 485-6654; for your unemployment insurance account, call the Department of Labor at (518) 485-8589 or 1 888 899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Form for paid preparer and payroll service information: Preparer's signature, Telephone number, Date, Mark an X if self-employed, Preparer's SSN or PTIN, Preparer's firm name, Address, Preparer's EIN, Payroll service name, Payroll service's EIN

Checklist for mailing:

- File original return and keep a copy for your records.
Complete lines 9 and 19 to ensure proper credit of payment.
Enter your withholding ID number on your remittance.
Make remittance payable to NYS Employment Taxes.
Enter your telephone number in boxes below your signature.
See Need help? on Form NYS-45-I if you need forms or assistance.

Mail to:

NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT (8/11)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment



61125315

Withholding identification number:

133855108

Mark an X in the applicable box(es):

A. Original or Amended return
Jan 1 - Mar 31, Apr 1 - Jun 30, July 1 - Sep 30, Oct 1 - Dec 31, Tax year 11

Employer legal name: THE INSTITUTE FOUNDATION, INC.

B. Other wages only reported on this page
C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions) Annual wage and withholding totals

Table with columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, e Total NYS, NYC, and Yonkers tax withheld. Includes rows for employees like KIRYEYeva, YANA, O. and CHIU, CHI, C.

CLIENT COPY DO NOT FILE

Page No. 1 of 5 Total this page only

If first page, enter grand totals of all pages

Contact information (see instructions) Name Daytime telephone number

For office use only Postmark Received date

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

NYS-45-ATT (8/11)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment



61125315

Withholding identification number:

133855108

Mark an X in the applicable box(es):

A. Original or Amended return
Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 X 4 Tax year 11 Y Y

Employer legal name: THE INSTITUTE FOUNDATION, INC.

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions) Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

Table with 5 main columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, e Total NYS, NYC, and Yonkers tax withheld. Includes rows for employees like CASTILLO JR, ELIGIO, G. and ECO, LINA, V.

CLIENT COPY DO NOT FILE

Page No. 2 of 5 Total this page only

If first page, enter grand totals of all pages

Summary row for totals: 54525 25 235996 21 8494 98

Contact information (see instructions) Name Daytime telephone number

For office use only Postmark

Received date

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

NYS-45-ATT
(8/11)

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



61125315

Withholding identification number:

133855108

Mark an **X** in the applicable box(es):

A. Original or Amended return
 Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 11 Y Y

Employer legal name: THE INSTITUTE FOUNDATION, INC.

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information <i>(Do not enter negative numbers in columns c, d, and e; see instructions)</i>				Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.			
a	b	c		d		e	
Social security number	Last name, first name, middle initial	Total UI remuneration paid this quarter		Gross federal wages or distribution (see instr.)		Total NYS, NYC, and Yonkers tax withheld	
120984948	ERGASHEV, ANVAR, S.	3019	25	14117	75	419	06
122980924	GALLARDO, CHRISTIAN	5924	75	20655	63	953	28
123999999	KO, KYU, S.	3298	75	3906	50	105	21
126943353	GOMEZ, MARY, H.	5294	25	21152	69	968	24
129980347	DOMBRE, LUCA			1176	19	5	17
130982636	ENGULATOVA, DILYARA, I.	3003	00	12704	00	189	20
132841802	MARCUS, MELVIN	5349	50	22070	00	1038	65
132901060	ARKADJEVNA LEE, ZOYA			6872	94	169	93
137195777	KHALIKOVA, ALFIYA	4771	00	20579	00	619	65
138193321	BATCHAEVA, ZUKHRA	4992	00	17989	25	889	14
140067209	ARBAI, JENNY	5960	50	24459	43	1362	78
140420338	CONNELLY, ROBERT			4000	00	192	54
141389006	SCHWENKE, THOMAS, S.	3000	00	11500	00	58	42
142082959	MACHADO, MARIA, A.	9447	75	35435	63	2460	94
143844181	FALLARME, LINDA, F.			5866	00	88	45
145130424	NIBEYRO, ENRIQUE, R.			3174	75	124	59
Page No. <u>3</u> of <u>5</u> Total this page only		54060	75	225659	76	9645	25
If first page, enter grand totals of all pages							

CLIENT COPY
DO NOT FILE

Contact information <i>(see instructions)</i>	Name	Daytime telephone number ()
--	------	---------------------------------

For office use only
Postmark

Received date

Mail to: **NYS EMPLOYMENT TAXES**
PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT
(8/11)

**Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return-Attachment**



61125315

Withholding identification number:

133855108

Mark an X in the applicable box(es):

A. Original or Amended return

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year 11 Y Y

Employer legal name: THE INSTITUTE FOUNDATION, INC.

B. Other wages only reported on this page

C. Seasonal employer

Quarterly employee/payee wage reporting information (Do not enter negative numbers in columns c, d, and e; see instructions)				Annual wage and withholding totals If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.			
a	b	c		d		e	
Social security number	Last name, first name, middle initial	Total UI remuneration paid this quarter		Gross federal wages or distribution (see instr.)		Total NYS, NYC, and Yonkers tax withheld	
151191941	SHUKHOVA, OLGA			14661	31	739	26
151215222	PLESKACH, KSENIYA	2359	50	2359	50	57	91
152156468	ZOUHAIRI, BOUCHRA	6077	50	25162	63	1328	79
152386640	FERRARO, DANTE, V.	5000	00	48000	00	2073	80
156136252	LISITSYN, ALEXANDER, V.			13268	63	688	06
213573093	ANDRYUSCHENKO, GALYNA	5460	00	22224	75	915	96
221044341	SERGEEVA, SVETLANA	3591	25	14936	58	469	34
222065954	MARZHOKHOVA, MADINA	4234	75	18195	26	436	22
237687129	BUSH, F, A.			3818	63	89	74
257619034	DOLINA, DR, L.	2951	00	14355	81	436	96
298119312	SHCHEGLOVA, SVETLANA, A.	6516	25	25344	32	1366	57
389537436	PLINER, ANNA, S.	3805	75	7679	75	108	92
578473449	BRAZHINKOVA, OLESYA	6175	00	20556	00	960	39
579415699	BOBRY SHEVA, TETIANA	4098	25	20309	02	562	90
614582149	PANGANIBAN, DR, N.			1517	26	58	32
668246657	GOMEZ, ANGIE, A.	1576	25	19896	39	613	26
Page No. <u>4</u> of <u>5</u> Total this page only		51845	50	272285	84	10906	40
If first page, enter grand totals of all pages							

CLIENT COPY
DO NOT FILE

Contact information (see instructions) Name _____ Daytime telephone number () _____

For office use only
Postmark _____ Received date _____

Mail to: NYS EMPLOYMENT TAXES
PO BOX 4119
BINGHAMTON NY 13902-4119

NYS-45-ATT (8/11)

Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment



61125315

Withholding identification number:

133855108

Mark an X in the applicable box(es):

A. Original [] or Amended return []
Jan 1 - Mar 31 [] 1 Apr 1 - Jun 30 [] 2 July 1 - Sep 30 [] 3 Oct 1 - Dec 31 [X] 4 Tax year 11 Y Y

Employer legal name: THE INSTITUTE FOUNDATION, INC.

B. Other wages only reported on this page []

C. Seasonal employer []

Table with 5 main columns: a Social security number, b Last name, first name, middle initial, c Total UI remuneration paid this quarter, d Gross federal wages or distribution, e Total NYS, NYC, and Yonkers tax withheld. Includes a large diagonal watermark: CLIENT COPY DO NOT FILE

Summary row: Page No. 5 of 5 Total this page only 2301 00 2301 00 36 80

Contact information (see instructions) Name Daytime telephone number ()

For office use only Postmark Received date

Mail to: NYS EMPLOYMENT TAXES PO BOX 4119 BINGHAMTON NY 13902-4119

STEVEN R. CORWIN
ACCOUNTANT



WINDOWS & Macintosh ACCOUNTING
EMAIL: *scorwin@aol.com*
EMAIL: *srcorwin@gmail.com*

95 ASHFORD DRIVE
SYOSSET, N.Y. 11791-6306
TEL: 516-921-4313 FAX: 516-921-2609
CELLULAR: 516-384-8626

JANUARY, 2012

THE INSTITUTE FOUNDATION, INC.

New York State has instituted a new tax for employers and self-employed individuals called the Metropolitan Commuter Transportation Mobility Tax (MCTMT).

Enclosed, please find your tax return as follows, **DUE JANUARY 31, 2012**

NEW YORK STATE FORM MTA-305 () **applicable if checked**

Payment Required: \$ 865.58
Make Check Payable To: Commissioner Of Taxation and Finance
Mail Form and Payment To: MCTMT PROCESSING CENTER
P. O. Box 4139
EIN# 13-3855108 Binghamton, NY 13902-4139

NEW YORK STATE FORM MTA-5 () **applicable if checked**

Payment Required: \$ _____
Make Check Payable To: Commissioner Of Taxation and Finance
Mail Form and Payment To: MCTMT PROCESSING CENTER
P. O. Box 4134
EIN/SS# _____ Binghamton, NY 13902-4134

Please feel free to contact me should you have any questions.

Very truly yours,
Steven R. Corwin
Steven R. Corwin

CLIENT'S COPY

SRC/pc, (enc.), cc: file
METRO TRANS LETTER, (07-1)

STEVEN R. CORWIN, ACCOUNTANT
95 ASHFORD DRIVE
SYOSSET, NY 11791-6306
516-921-4313 FAX: 516-921-2609
EMAILS: *scorwin@aol.com* AND *srcorwin@gmail.com*



Employer's Quarterly Metropolitan Commuter Transportation Mobility Tax Return

Amended return

For help completing your return, see instructions, Form MTA-305-I.

Legal name THE INSTITUTE FOUNDATION INC.		
Address (number and street or rural route) 215 WEST 43RD STREET, 2ND FLOOR		Address change? Mark X (see instr.) <input type="checkbox"/>
City, village, or post office NEW YORK	State NY	ZIP code 10036-3911

Employer identification number (EIN)
133855108

Mark an **X** in only **one** box to indicate the quarter (a separate return must be completed for each quarter) and enter the last two digits of the tax year.

Jan 1 - Mar 31 Apr 1 - Jun 30 July 1 - Sep 30 Oct 1 - Dec 31 Tax year **2011**

Number of employees — Enter the number of covered employees whose wages are included in the amount of payroll expense reported for the quarter

Enter your 2-character **special condition code, if applicable** (see instructions)

If you **permanently ceased paying wages subject to the metropolitan commuter transportation mobility tax (MCTMT)**, enter the date (MMDDYYYY)

1 Payroll expense subject to the MCTMT (see instructions) 1. .

2 MCTMT due for quarter (multiply line 1 by .34% (.0034)) 2. .

3 Total PromptTax program payments/overpayment applied from previous quarter (see instructions) .. 3. .

4 Total MCTMT **amount due** (if line 2 is **more than** line 3, subtract line 3 from line 2; pay this amount) 4. .

5 Total MCTMT overpaid (if line 2 is **less than** line 3, subtract line 2 from line 3; enter here and mark an X in box 6a or 6b) .. 5.

6a. Refund or 6b. Credit to next quarter MCTMT

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		<input type="text"/>

▼ Paid preparer must complete (see instructions) ▼		Date:
Preparer's signature	▶ Preparer's NYTPRIN	<input type="text"/>
Firm's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN	<input type="text"/>
Address	● Employer identification number	<input type="text"/>
Preparer's e-mail	Mark an X if self-employed <input type="checkbox"/>	
Payroll service's name	Payroll service's EIN	<input type="text"/>

▼ Taxpayer must sign here ▼	
Taxpayer's signature	
Print signer's name CLIENT'S COPY	
Title	
Date	Telephone number ()
E-mail	

Note: If you are using a paid preparer or a payroll service, the section above must be completed.

Make your check or money order payable to: **Commissioner of Taxation and Finance**

Mail this return to: **MCTMT PROCESSING CENTER
PO BOX 4139
BINGHAMTON NY 13902-4139**

