



**New York State Department of
Taxation and Finance**
Office of Processing and Taxpayer Services
W A Harriman Campus
Albany NY 12227

Annualized Exception Worksheet for Form CT-222

Taxpayer name: _____ Employer identification number (EIN):

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Contact name: _____ Contact title: _____ Telephone number: () _____

Tax period ended: ____ / ____ / ____ Mark an **X** in the applicable box(es) State: MTA surcharge:

A Month of fiscal year (mm/yy)	B Monthly allocated amount for the year of penalty*	C Monthly tax credits for the year of penalty	D Monthly other taxes (e.g., subsidiary capital) for the year of penalty
1 st month:			
2 nd month:			
3 rd month:			
4 th month:			
5 th month:			
6 th month:			
7 th month:			
8 th month:			
9 th month:			
10 th month:			
11 th month:			
12 th month:			

Signature of responsible person: _____ Telephone number: () _____ Date: ____ / ____ / ____

Instructions

Line instructions

Column A — Enter the applicable month and year that corresponds with this line

Column B — Enter the applicable monthly amount that corresponds to the highest tax base (before credits)* for the year of penalty

Column C — Enter the applicable monthly credit amount that corresponds with the tax credit applicable for that month

Column D — Enter any other tax amounts that apply for that month

* Highest tax base (before credits):

- Entire Net Income (ENI)
- Minimum Taxable Income (MTI)
- Alternative ENI
- Tax on premiums
- Alternative tax
- Gross earnings or gross income

Fax your worksheet

Fax your completed worksheet to the Business Tax Resolution Center at (518) 435-8615.

Need help?

If you have any questions or need further assistance, contact the Business Tax Resolution Center at (518) 485-0384 (in-state callers without free long distance call 1 866 697-2499).