



## Annualized Exception Worksheet for Form CT-222

Taxpayer's 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 tax year <i>(mm/yy)</i>	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 <sup>st</sup> month:			
2 <sup>nd</sup> month:			
3 <sup>rd</sup> month:			
4 <sup>th</sup> month:			
5 <sup>th</sup> month:			
6 <sup>th</sup> month:			
7 <sup>th</sup> month:			
8 <sup>th</sup> month:			
9 <sup>th</sup> month:			
10 <sup>th</sup> month:			
11 <sup>th</sup> month:			
12 <sup>th</sup> month:			

Signature of authorized 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 of receipts, income, and expenses that correspond 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 credits 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
- Fixed dollar minimum tax (Article 9-A)

## Fax your worksheet

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

## Need help?

If you have any questions or need further assistance, contact the Business Liability Resolution Center at (518) 485-0384.