



NAME OF TAXPAYER

SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER

Empty grid for Name of Taxpayer

Empty grid for Social Security/Employer Identification Number

Schedule 4% Surtax. (For Filers of Form 1; Form 1-NR/PY; Form 2; Form M-990T-62; and Form 3M.)

2023

Enclose this form with your return.

- 1** Enter the amount from Form 1, line 19; Form 1-NR/PY, line 23; Form 2, line 21; Form M-990T-62, line 21; or Form 3M, line 1. Not less than zero. 1 0 0
- 2** Enter the amount from Form 1, Schedule B line 37; Form 1-NR/PY, Schedule B line 37; Form 2, line 29; Form M-990T-62, line 25; or Form 3M, Schedule B, line 27. Not less than zero 2 0 0
- 3** Enter the amount from Form 1, Schedule D, line 21 or Schedule D-IS, sum of part 3, column 1, lines 26 a-h; Form 1-NR/PY, Schedule D, line 21 or Schedule D-IS, sum of part 3, column 1, lines 26 a-h; Form 2, line 37; or Form 3M, Schedule D, line 16; Not less than zero. 3 0 0
- 4** Combine lines 1 through 3. **Note:** If less than \$1,000,000, the 4% Surtax does not apply. Do not submit this schedule. 4 0 0
- 5** Surtax threshold. Enter \$1,000,000 in line 5 5 1 0 0 0 0 0 0 0 0 0
- 6** Subtract line 5 from line 4 6 0 0
- 7** Multiply line 6 by .04 (4%) and enter this amount on Form 1, line 28b; Form 1-NR/PY, line 32b; Form 2, line 41b; Form M-990T-62, line 29b; or Form 3M, line 9b. 7 0 0