



NAME OF TAXPAYER

SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER

NAME OF TAXPAYER input field

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

2024

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 \$1,053,750, the 4% Surtax does not apply. Do not submit this schedule.	4	0 0
5	Surtax threshold. Enter \$1,053,750 in line 5.	5	1 0 5 3 7 5 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

DO NOT FILE.
DRAFT AS OF SEPTEMBER 27, 2024.
SUBJECT TO CHANGE.
DO NOT FILE.