

New York State Department of Taxation and Finance

If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the *Need help?* section

Request for Six-Month Extension to File

2003 calendar-yr. filers, check box: Other filers enter tax period:								
beginning								

	(For franchise/business taxes, MTA surcharge, or both)								
Tax Law — Articles 9-A, 13, 32, and 33							ending		
Employer identification number		File number	Business (telephone number					
Legal name of corporation				,	Trade name/DB	A			
Mailing name (if different from leg	gal name) and address				State or country	of incorporation	Date received (for	Tax Department use only)	
Number and street or PO box					Date of incorpo	ration			
City	State		ZIP code	1	Foreign corporati business in NYS		Audit use		

Request for extension of time to file the following forms: Check box(es) for one article only. Submit only one CT-5 form and check both

boxe both	es in the appropriate article if you the CT-3 box and the CT-3M/4	ou are requesting an extension for M box under Article 9-A if you ar	or bot l e requ	h the fran uesting an	chis ext	e tax and MTA surc ension of time to file	narge r both r	eturns. Fo eturns.	r example, che	eck		
	Article 9-A	Article 13	Δ			ticle 32	Article 33					
	CT-3 CT-3M/4M CT-4	☐ CT-13		□ CT-32		☐ CT-32-M				CT-33-M CT-33-NL		
A.	Payment – pay amount shown on the control of the co	on line 11. Make check payable to or money order. Remove all che	o: <i>Ne</i> ı eck stı	w York St aubs	ate (Corporation Tax		Payment	enclosed			
1 2 3 4 5 Cor 6 7 8 9 10	First installment of estimated ta Total franchise tax and first inst Prepayments of franchise tax (falance due — franchise tax (samputation of estimated MTA surcharge from the workshifter installment of estimated MTA total MTA surcharge and first in Prepayments of MTA surcharge Balance due — MTA surcharge	et on the back page (see instruct x for the next year (see instruction allment (add lines 1 and 2) rom line 16, column A below) ubtract line 4 from line 3)	ns)	tructions)			2. 3. 4 5 6 7 8 9 10.					
Cor	Computation of prepayments — Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions. A. Franchise tax B. MTA surcharge											
Con	Composition of prepayments on lines 4 and 9			Date pa	id	Amount		Amount				
12	Mandatory first installment		12.									
13a	Second installment from Form	CT-400	13a.									
13b	Third installment from Form C	T-400	13b.									
13c	Fourth installment from Form	CT-400	13c.									
14	Overpayment credited from pr	ior years			14.							
	Overpayment credited from Fo				15.							
16	Total prepayments (total all enti	ries in column A and column B)			16.							
		ment and any attachments are to			now	ledge and belief true	e, corre	ct, and co	mplete.	_		
Sign	ature of authorized person	, and the second		Official ti	tle			Date	•			
aid preparer use only	Firm's name (or yours if self-employed)					ID number		Date				
aid pr use	Address					Signature of individual preparing this document						

Where to mail request

With payment:

NYS CORPORATION TAX PROCESSING UNIT PO BOX 22094 **ALBANY NY 12201-2094**

Without payment: **NYS CORPORATION TAX**

PROCESSING UNIT PO BOX 22102 **ALBANY NY 12201-2102**