



CT-400-MN (1/03)

New York State Department of Taxation and Finance

Estimated Tax for Corporations

Employer identification number	File no.	Article	Report type	Period ending	NAICS code #	Installment due date
Business telephone number ()	State or country of incorporation		Date		Foreign corporations: date began business in NYS	
Name						
Street address or P O box						
City			State		ZIP code	

For office use only

Installment payment amount

1.	Tax
2.	MTA surcharge
3.	Total payment enclosed
Declaration of estimated tax	
4.	Tax
5.	MTA surcharge

Make checks payable to: **New York State Corporation Tax.**

Return this form with your payment to: **NYS ESTIMATED CORPORATION TAX, P O BOX 22109, ALBANY NY 12201-2109.**

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