



# CT-400-MN Estimated Tax for Corporations

(1/03)

New York State Department of Taxation and Finance

Employer identification number FIELD_1092006798147	File no. FIELD_1092006798148	Article FIELD_1092006798148	Report type FIELD_1092006798148	Period ending FIELD_1092006798148	NAICS code # FIELD_1092006798148	Installment due date FIELD_1092006798148
Business telephone number (FIELD_1092006798148)	State or country of incorporation FIELD_1092006798148		Date FIELD_1092006798148	Foreign corporations: date began FIELD_1092006798125		
Name FIELD_1092006798167						
Street address or P O box FIELD_1092006798164						
City FIELD_1092006798169		State FIELD_1092006798150		ZIP code FIELD_1092006798133		

For office use only

**Installment payment amount**

Tax	1. FIELD_1092006798153
MTA surcharge	2. FIELD_1092006798145
Total payment enclosed	3. FIELD_1092006798128
<b>Declaration of estimated tax</b>	
Tax	4. FIELD_1092006798131
MTA surcharge	5. FIELD_1092006798166

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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