



CT-5

New York State Department of Taxation and Finance

Request for Six-Month Extension to File

(For franchise/business taxes, MTA surcharge, or both)

Tax Law — Articles 9-A, 13, 32, and 33

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

beginning ending

Employer identification number, File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Number and street or PO box, Date of incorporation, City, State, ZIP code, Foreign corporations: date began 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 boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns.

Article 9-A, Article 13, Article 32, Article 33. CT-3, CT-3M/4M, CT-4, CT-13, CT-32, CT-32-M, CT-33, CT-33-M, CT-33-C, CT-33-NL

A. Payment - pay amount shown on line 11. Make check payable to: New York State Corporation Tax. Do not staple or clip your check or money order. Remove all check stubs. Payment enclosed

Computation of estimated franchise tax

Table with 5 rows for franchise tax computation: 1 Franchise tax from the worksheet, 2 First installment, 3 Total franchise tax, 4 Prepayments, 5 Balance due.

Computation of estimated MTA surcharge

Table with 6 rows for MTA surcharge computation: 6 MTA surcharge from the worksheet, 7 First installment, 8 Total MTA surcharge, 9 Prepayments, 10 Balance due, 11 Total balance due.

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.

Table with 4 columns: Composition of prepayments on lines 4 and 9, Date paid, A. Franchise tax Amount, B. MTA surcharge Amount. Rows 12-16.

Certification. I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person, Official title, Date, Firm's name, ID number, Date, 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

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