



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: FIELD_10
Other filers enter tax period:

beginning FIELD_1092007205990

ending FIELD_1092007205902

Employer identification number FIELD_1092007205870	File number FIELD_1092007205990	Business telephone number FIELD_1092007205915	
Legal name of corporation FIELD_1092007205992		Trade name/DBA FIELD_1092007205829	
Mailing name (if different from legal name) and address c/o FIELD_1092007205884		State or country of incorporation FIELD_1092007205877	Date received (for Tax Department use only)
Number and street or PO box FIELD_1092007205981		Date of incorporation FIELD_1092007205762	
City FIELD_1092007205960	State FIELD_1092007205886	ZIP code FIELD_1092007205829	Foreign corporations: date began business in NYS FIELD_1092007205829

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 of the return or instructions.

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. For example, check both the CT-3 box and the CT-3M/4M box under Article 9-A if you are requesting an extension of time to file both returns.

Article 9-A	Article 13	Article 32	Article 33
<input type="checkbox"/> CT-3 1092007205862 or <input type="checkbox"/> CT-3M/4M 109205975	<input type="checkbox"/> CT-13 1092007205760	<input type="checkbox"/> CT-32 1092007205851 or <input type="checkbox"/> CT-32-M 109205975	<input type="checkbox"/> CT-33 1092007205853 or <input type="checkbox"/> CT-33-M 109205975

A. Payment – pay amount shown on line 11. Make check payable to: <i>New York State Corporation Tax</i> Do not staple or clip your check or money order. Remove all check stubs	Payment enclosed FIELD_1092007205923	FIELD_1092007205923
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Computation of estimated franchise tax

1 Franchise tax from the worksheet on the back page (see instructions)	1.	FIELD_1092007205942	FIELD_1092007205942
2 First installment of estimated tax for the next year (see instructions)	2.	FIELD_1092007205952	FIELD_1092007205952
3 Total franchise tax and first installment (add lines 1 and 2)	3.	FIELD_1092007205898	FIELD_1092007205898
4 Prepayments of franchise tax (from line 16, column A below)	4.	FIELD_1092007205919	FIELD_1092007205919
5 Balance due — franchise tax (subtract line 4 from line 3)	5.	FIELD_1092007205985	FIELD_1092007205985

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet on the back page (see instructions)	6.	FIELD_1092007205738	FIELD_1092007205738
7 First installment of estimated MTA surcharge for the next year (see instructions)	7.	FIELD_1092007205946	FIELD_1092007205946
8 Total MTA surcharge and first installment (add lines 6 and 7)	8.	FIELD_1092007205866	FIELD_1092007205866
9 Prepayments of MTA surcharge (from line 16, column B below)	9.	FIELD_1092007205823	FIELD_1092007205823
10 Balance due — MTA surcharge (subtract line 9 from line 8)	10.	FIELD_1092007205752	FIELD_1092007205752
11 Total balance due (add lines 5 and 10; enter payment on line A above)	11.	FIELD_1092007205892	FIELD_1092007205892

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.

Composition of prepayments on lines 4 and 9	Date paid	A. Franchise tax		B. MTA surcharge	
		Amount	Amount	Amount	Amount
12 Mandatory first installment	12.	FIELD_1092007205864	FIELD_1092007205911	FIELD_1092007205855	FIELD_1092007205855
13a Second installment from Form CT-400	13a.	FIELD_1092007205774	FIELD_1092007205778	FIELD_1092007205849	FIELD_1092007205849
13b Third installment from Form CT-400	13b.	FIELD_1092007205890	FIELD_1092007205890	FIELD_1092007205964	FIELD_1092007205964
13c Fourth installment from Form CT-400	13c.	FIELD_1092007205962	FIELD_1092007205962	FIELD_1092007205833	FIELD_1092007205833
14 Overpayment credited from prior years	14.	FIELD_1092007205835	FIELD_1092007205835	FIELD_1092007205935	FIELD_1092007205935
15 Overpayment credited from Form CT- FIELD_1092007205950 <small>Period</small> 1092007205971	15.	FIELD_1092007205806	FIELD_1092007205806	FIELD_1092007205944	FIELD_1092007205944
16 Total prepayments (total all entries in column A and column B)	16.	FIELD_1092007205931	FIELD_1092007205931	FIELD_1092007205879	FIELD_1092007205879

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 FIELD_1092007205847	Date FIELD_1092007205868
Paid preparer use only	Firm's name (or yours if self-employed) FIELD_1092007205998	ID number FIELD_1092007205933
	Address FIELD_1092007205906	Date FIELD_1092007205857
	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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