



Department of Taxation and Finance

Estimated Tax for Corporations

CT-400**Filing made easy:** File and pay electronically through *Online Services* at www.tax.ny.gov.See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number	File no.	Return type (required)	Tax sub type	Tax year: beginning (mm-yy) ending (mm-yy)
Business telephone number ()	State or country of incorporation		Date of incorporation	Installment due date
Legal name of corporation				Foreign corporations: date began business in NYS
Street address or PO box				For office use only
City	State	ZIP code		

A. Make payable to: *New York State Corporation Tax*Enclose your payment. (*Detach all check stubs; see instructions for details.*)

Payment enclosed

A**Installment payment amount**

1 Tax	1	
2 MTA surcharge	2	

Declaration of estimated tax

3 Tax	3	
4 MTA surcharge	4	

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ()	Date	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN	or	Excl. code Date

See instructions for where to file.

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