



Department of Taxation and Finance

# Mandatory First Installment (MFI) of Estimated Tax for Corporations

**CT-300**  
(12/19)**For New York C corporations subject to tax under Article 9-A or Article 33, and  
corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only**

Employer identification number	File no.	Return type (required)	Tax sub type	Tax year: beginning (mm-yy)	ending (mm-yy)	Date received (for Tax Department use only)
Business telephone number ( )	State or country of incorporation		Date	MFI due date		
Legal name of corporation				Foreign corporations: date began business in NYS		
Mailing name (if different from legal name above) c/o						
Mailing address number and street or PO Box						
City				State	ZIP code	

**Filing made easy:** File and pay electronically instead through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).

<b>A.</b> Make check or money order payable in U.S. funds to: <b>New York State Corporation Tax.</b> Attach your payment here. (Detach all check stubs; see instructions for details.)	<b>A</b>	Payment enclosed
---	----------	------------------

**Computation of MFI** (see instructions, Form CT-300-I, before completing this form)

	<b>A</b> New York State MFI		<b>B</b> MTA MFI	
1 Franchise, excise, or gross receipts tax from second preceding tax year	1			
2 First installment of estimated tax for the upcoming tax year	2			
3 MTA surcharge from second preceding tax year	3			
4 First installment of estimated MTA surcharge for the upcoming tax year	4			
5 Enter the total overpayments credited from prior periods (see instructions)	5			
6 Subtotal (in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than 0)	6			
7 Total state and MTA MFI due (add line 6, columns A and B; enter here and payment amount on line A)	7			
<b>Note:</b> If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining (see instructions).				
8 Estimated overpayment remaining (in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than 0; see instr.)	8			

Mail this form with your payment to:

**NYS ESTIMATED CORPORATION TAX**  
**PO BOX 4136**  
**BINGHAMTON NY 13902-4136****Private delivery services**If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

<b>Third – party designee</b> (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.

<b>Authorized person</b>	Printed name of authorized person		Signature of authorized person		Official title			
	E-mail address of authorized person		Telephone number ( )		Date			
<b>Paid preparer use only</b> (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

572001190099

