



CT-400
(4/20)

Department of Taxation and Finance

Estimated Tax for Corporations

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	Installment due date	
Legal name of corporation				Foreign corporations: date began business in NYS	
Street address or PO box					
City			State	ZIP code	

FILING MADE EASY: File and pay electronically through *Online Services* at www.tax.ny.gov.

Make check or money order payable to: **New York State Corporation Tax**. Return this form with your payment to: **NYS ESTIMATED CORPORATION TAX, PO BOX 4136, BINGHAMTON NY 13902-4136**. Do not staple or clip your check or money order. Detach all check stubs.

Installment payment amount	
	Tax
1.	MTA surcharge
2.	Total payment enclosed
3.	
Declaration of estimated tax	
	Tax
4.	MTA surcharge
5.	
For office use only	



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