



Department of Taxation and Finance

Request for Three-Month Extension to File**CT-5.9**

(for certain Article 9 tax returns, MTA surcharge, or both)

Tax Law – Article 9**For calendar year 2019**

Employer identification number (EIN)	File number	Business telephone number ()		
Legal name of corporation		Trade name/DBA		
Mailing name (if different from legal name) c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box		Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS	Audit use
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.				

This request for an extension of time to file applies only to the forms shown below.

Mark an **X** in the box(es) in one area only. Use one Form CT-5.9 and mark **both** boxes in the appropriate area if you are requesting an extension for **both** the business tax return and the MTA surcharge return. For example, mark **both** the CT-183 box and the CT-183-M box if you are requesting an extension of time to file **both** returns. If you are subject to former Tax Law section 186, you can no longer use Form CT-5.9, and must use Form CT-5.6, *Request for Three-Month Extension to File Form CT-186*, to request a valid extension to file.

CT-183 <input type="checkbox"/>	CT-184 <input type="checkbox"/>	CT-184-R <input type="checkbox"/>	CT-186-P <input type="checkbox"/>
CT-183-M <input type="checkbox"/>	CT-184-M <input type="checkbox"/>		CT-186-P/M <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed
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Computation of estimated tax

1	Tax from worksheet (see instructions)	1
2		
3		
4	Prepayments of tax (from line 16, column A)	4
5	Balance due (subtract line 4 from line 1; do not enter less than zero)	5

Computation of estimated MTA surcharge

6	MTA surcharge from worksheet (see instructions)	6
7		
8		
9	Prepayments of MTA surcharge (from line 16, column B)	9
10	Balance due (subtract line 9 from line 6; do not enter less than zero)	10
11	Total balance due (see instructions; enter the payment amount on line A above)	11

Composition of prepayments – Use the following worksheet to determine the prepayments of tax on line 4 and line 9. If additional space is needed, enter **see attached** in this section and enter all relevant prepayment information on a separate sheet. Include the amounts in the appropriate column on line 16.

		A Business tax		B MTA surcharge	
		Date paid	Amount	Amount	
12	Mandatory first installment from Form CT-300	12			
13a	Second installment from Form CT-400	13a			
13b	Third installment from Form CT-400	13b			
13c	Fourth installment from Form CT-400	13c			
14	Overpayment credited from prior years (see instructions)	14			
15	Overpayment credited from Form CT- _____ Period _____	15			
16	Total prepayments (total all entries in column A and column B)	16			

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 document		Address		City	State ZIP code
	Email address of individual preparing this document		Preparer's NYTPRIN		or	Excl. code Date

See instructions for where to file.

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