



Department of Taxation and Finance

# Request for Three-Month Extension to File Form CT-186-E

(for telecommunications tax return and utility services tax return)

Tax Law – Article 9, Section 193

**CT-5.9-E**

For calendar year 2019

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

**Important:** File this form to request a three-month extension of time to file Form CT-186-E. **Do not** use this form to request an extension for any other New York State tax forms.

|  |    |                   |                         |
|--|----|-------------------|-------------------------|
| <b>A.</b> Pay amount shown on line 12. Make payable to: <b>New York State Corporation Tax</b><br>Attach your payment here. Detach all check stubs. (See instructions for details.) |    | Payment enclosed  |                         |
|  |    | <b>A</b>          |                         |
| <b>Computation of estimated taxes and MTA surcharges</b>   |    | <b>A. NYS tax</b> | <b>B. MTA surcharge</b> |
| 1 Total excise tax on telecommunications services (see instructions) .....   | 1  |                   |                         |
| 2 Tax on the furnishing of utility services .....  | 2  |                   |                         |
| 3 Total taxes (add lines 1 and 2) .....  | 3  |                   |                         |
| 4 Total MTA surcharge related to telecommunication services .....  | 4  |                   |                         |
| 5 MTA surcharge on the furnishing of utility services .....  | 5  |                   |                         |
| 6 Total MTA surcharges (add lines 4 and 5) .....   | 6  |                   |                         |
| 7a   |    |                   |                         |
| 7b   |    |                   |                         |
| 8  |    |                   |                         |
| 9 Total (column A, enter line 3 amount; column B, enter line 6 amount) .....   | 9  |                   |                         |
| 10 Total prepayments (transfer amounts from line 17, columns A and B) .....  | 10 |                   |                         |
| 11 Balance (subtract line 10 from line 9; do not enter less than zero) .....   | 11 |                   |                         |
| 12 Total taxes and surcharges balance (see instructions) .....   | 12 |                   |                         |

|  |                  |                   |                         |
|--|------------------|-------------------|-------------------------|
| <b>Composition of prepayments claimed on line 10 (see instructions)</b>                  |                  | <b>A. NYS tax</b> | <b>B. MTA surcharge</b> |
|  | <b>Date paid</b> | <b>Amount</b>     | <b>Amount</b>           |
| 13 Mandatory first installment from Form CT-300 .....                                    | 13               |                   |                         |
| 14a Second installment from Form CT-400 .....  | 14a              |                   |                         |
| 14b Third installment from Form CT-400 .....   | 14b              |                   |                         |
| 14c Fourth installment from Form CT-400 .....  | 14c              |                   |                         |
| 15 Overpayment credited from prior years .....   | 15               |                   |                         |
| 16 Overpayment credited from Form CT- _____ Period _____                                 | 16               |                   |                         |
| 17 Total prepayments (total all entries in column A and column B; also enter on line 10) | 17               |                   |                         |

|   |   |  |                    |  |                        |                 |
|---|---|--|--------------------|--|------------------------|-----------------|
| <b>Paid<br/>preparer<br/>use<br/>only</b><br>(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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