



Department of Taxation and Finance

**Request for Six-Month Extension to File  
New York S Corporation Franchise Tax Return****CT-5.4**

All filers must enter tax period:

Employer identification number (EIN)		File number	Business telephone number ( )	beginning		ending	
Legal name of corporation				Trade name/DBA			
Mailing name (if different from legal name) and address 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.							

File this form to request a six-month extension of time to file Form CT-3-S.

<b>A.</b> Pay amount shown on line 5. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)		Payment enclosed	
		<b>A</b>	

<b>Computation of estimated franchise tax</b>		
1 Franchise tax (see instructions) .....		<b>1</b>
2 First installment of estimated tax for the next tax year (see instructions) .....		<b>2</b>
3 Total franchise tax and first installment (add lines 1 and 2) .....		<b>3</b>
4 Prepayments of franchise tax (from line 10 below) .....		<b>4</b>
5 Balance due (subtract line 4 from line 3 and enter here; if zero or less, enter 0; enter the payment amount on line A above) .....		<b>5</b>

**Composition of prepayments** – If additional space is needed, enter **see attached** in this section and enter all relevant prepayment information on a separate sheet. Include all amounts in the total on line 10.

	Date paid	Amount
6 Mandatory first installment .....	<b>6</b>	
7a Second installment from Form CT-400 .....	<b>7a</b>	
7b Third installment from Form CT-400 .....	<b>7b</b>	
7c Fourth installment from Form CT-400 .....	<b>7c</b>	
8 Overpayment credited from prior years (see instructions) .....	<b>8</b>	
9 Overpayment credited from Form CT-_____ Period _____ .....	<b>9</b>	
10 Total prepayments (add all entries in Amount column) .....	<b>10</b>	

<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 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.

457001190099

