



Department of Taxation and Finance

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

**CT-5.6**(for utility corporation franchise tax return, MTA surcharge return, or both)  
Tax Law – Article 9, former Section 186

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	
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.				Audit use

**This request for an extension of time to file is only for those subject to former Tax Law section 186.**Use one Form CT-5.6 and mark an **X** in **both** boxes if you are requesting an extension for **both** the franchise tax return and the MTA surcharge return.

CT-186 <input type="checkbox"/>	CT-186-M <input type="checkbox"/>
---------------------------------	-----------------------------------

<b>A.</b> Pay amount shown on line 11. Make payable 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 estimated tax**

1	Tax from worksheet (see instructions)	1	
2	First installment of estimated tax for the next tax year (see instructions)	2	
3	Total tax and first installment (add lines 1 and 2)	3	
4	Prepayments of tax (from line 16, column A)	4	
5	Balance due – tax and first installment (subtract line 4 from line 3)	5	

**Computation of estimated MTA surcharge**

6	MTA surcharge from worksheet (see instructions)	6	
7	First installment of estimated MTA surcharge for the next tax year (see instructions)	7	
8	Total MTA surcharge and first installment (add lines 6 and 7)	8	
9	Prepayments of MTA surcharge (from line 16, column B)	9	
10	Balance due – MTA surcharge and first installment (subtract line 9 from line 8)	10	
11	Total balance due (add lines 5 and 10 and enter here; 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. Transfer the totals to the appropriate column on line 16.

		A Business tax	B MTA surcharge
		Amount	Amount
12	Mandatory first installment		
13a	Second installment from Form CT-400		
13b	Third installment from Form CT-400		
13c	Fourth installment from Form CT-400		
14	Overpayment credited from prior years (see instructions)		
15	Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>		
16	Total prepayments (total all entries in column A and column 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.

573001190099

