



Department of Taxation and Finance

Request for Six-Month Extension to File

(for combined franchise tax return, or
combined MTA surcharge return, or both)

Tax Law – Articles 9-A and 33

CT-5.3

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 Number and street or PO box City State ZIP code				State or country of incorporation		Date received (for Tax Department use only)	
				Date of incorporation			
				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.							

Request for extension of time to file the following forms: Mark an **X** in the box(es) for one article only. Use one form and mark **both** boxes under the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark **both** the CT-3-A box and the CT-3-M box under *Article 9-A* if you are requesting an extension of time to file **both** returns.

Note: Do not file this form if you are a QSSS that has made the New York State S corporation election and your assets, liabilities, income, and deductions are being treated as those of your parent.

Article 9-A		Article 33	
CT-3-A <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-33-A <input type="checkbox"/>	CT-33-M <input type="checkbox"/>

A. Pay amount shown on line 14. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed	

Computation of estimated franchise tax and fixed dollar minimum tax

1 Combined franchise tax from the worksheet (see instructions)	1	
2 Combined fixed dollar minimum tax on taxable group member corporations (from the worksheet; see instructions)	2	
3		
4 Total combined franchise tax and fixed dollar minimum tax on group member corporations (add lines 1 and 2)	4	
5		
6		
7 Prepayments of combined franchise tax and fixed dollar minimum tax on group member corporations (enter amount from line 22, column A)	7	
8 Balance due (subtract line 7 from line 4; do not enter less than zero)	8	

Computation of estimated MTA surcharge

9 Combined MTA surcharge from the worksheet (see instructions)	9	
10		
11		
12 Prepayments of combined MTA surcharge (enter amount from line 22, column B)	12	
13 Balance due - combined MTA surcharge (subtract line 12 from line 9; do not enter less than zero)	13	
14 Total balance due (see instructions)	14	

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Combined filer information

Part 1 – Corporations included in the combined group other than designated agent (Article 9-A) or parent (Article 33) (attach additional sheets if necessary, formatted as below)

A Corporation name	B EIN	C Short tax year		D Member fixed dollar minimum tax (if taxable)	E Prior year payments		F Total CT-400 payments		G Amount paid with a separately filed CT-5 or CT-5.4 extension	
		from (mm-yy)	to (mm-yy)							
15 Add amounts in Part 1, column D.....				15						

Part 2 – Parent or designated agent only

Part 2 – Parent or designated agent only				E Prior year payments		F Total CT-400 payments	
16 Parent or designated agent prepayments				16			
Composition of prepayments — Use the following worksheet to determine the prepayments of franchise tax on line 7 and the prepayments of the MTA surcharge on line 12 (<i>see instructions</i>).				A Combined franchise tax		B Combined MTA surcharge	
Composition of prepayments claimed on lines 7 and 12				Date paid		Amount	
17 Mandatory first installment of combined group from Form CT-300				17			
18a Second installment of combined group from Form CT-400				18a			
18b Third installment of combined group from Form CT-400				18b			
18c Fourth installment of combined group from Form CT-400				18c			
19 Overpayment credited from combined return of prior years.....				19			
20 Overpayment credited from Form CT-.....				20			
21 Total prepayments from member not previously included in the combined return.....				21			
22 Total prepayments (<i>total all entries in column A and column B</i>)				22			

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

See instructions for where to file.

