Test 1–CT-5A

Blank or zero field values are not included. Fields requiring software calculations are not provided. Automated clearing house debit payment is required if test results in a balance due. Please use the two-digit codes provided to you to replace the 6th and 7th digits in each test employer identification number.

Test Scenario:

Extension form: CT-5

Liability period: 01-01-2025–12-31-2025

Employer Identification Number: 00219XX01

Legal Name: CTEF5A (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: TMI Corp 5 WA Harriman Campus Blvd, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 06-01-2016

Main returns: CT-3, CT3-M

Line 1. Franchise tax: 12,000

Line 6. Metropolitan Transportation Authority surcharge: 3,600

Composition of prepayments			
Date Paid		**A** Franchise Tax	**B** Metropolitan Transportation Authority surcharge
Line 12	3-15-2025	2,500	750
Line 13a	6-15-2025	2,500	750
Line 13b	9-15-2025	2,500	750
Line 13c	12-15-2025	2,500	750