



New York State Department of Taxation and Finance

Corporation Tax Modernized Electronic Filing Acceptance Testing
System for Tax Year 2025

Test 10C–CTEF400C

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

Estimated tax form: CT-400

Employer Identification Number: 00219XX10

Liability period: 01-01-2026–12-31-2026

Return type: CT-3

Legal name: CTEF400C (Followed by a space, then your software ID)

Telephone number: 518-555-2626

State or country of incorporation: New York State

Date of incorporation: 7-18-2001

Installment due date: 09-15-2026

Address: 400C WA Harriman Campus, Albany, NY 12227

Line 1. Tax: 60,000

Line 2. Metropolitan Transportation Authority surcharge: 18,000

Line 3. Tax: 240,000

Line 4. Metropolitan Transportation Authority surcharge: 72,000