Test 10D–CTEF400D

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: CTEF400D (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: 12-15-2026

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

Line 1. Tax: 15,000

Line 2. Metropolitan Transportation Authority surcharge: 4,500

Line 3. Tax: 60,000

Line 4. Metropolitan Transportation Authority surcharge: 18,000