

New York State Department of Taxation and Finance

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

Test 11-CTEF13

Blank or zero field values are not included. Fields requiring software calculations are not provided. ACH 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 EIN.

Test Scenario

Return Type: CT-13

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

Employer Identification Number: 00219XX11

Legal name: CTEF13 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 13 WA Harriman Campus, Albany, NY 12227

State of incorporation: Massachusetts

Date of incorporation: 11-15-2003

North American Industry Classification System business code number: 561591

Principal unrelated business activity: Conventions

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization – Have you filed this New York State application for exemption?: Yes

Line 1- Federal unrelated business taxable income: 1,500,000

Line 5. Other additions: 45,000

Line 7. Other income: 60,000

Line 8. Federal S corporation shareholder subtractions: 15,000

Federal return was filed on: 990-T

Schedule A – Unrelated business allocation

Average value of:		Α	В
_		New York	Everywher
		State	е
Line 26	Real estate owned	1,000,000	2,500,000
Line 27	Gross rents		350,000
Line 28	Inventories owned	50,000	100,000
	Other tangible personal property		
Line 29	owned	350,000	800,000

Receipts in the regular course of business from:		Α	В
		New York State	Everywhere
	Sales of tangible personal property shipped		
Line 32	to points within New York State	90,000	
Line 33	All sales of tangible personal property		250,000
Line 34	Services performed	575,000	2,750,000
Line 36	Other business receipts	50,000	400,000
	Wages, salaries, and other compensation of		
Line 39	employees	250,000	900,000

Composition of prepayments on line 18					
Date Paid		Amount			
Line 43	3-15-2025	8,000			
Line 44a	6-15-2025	8,000			
Line 44b	9-15-2025	8,000			
Line 44c	12-15-2025	8,000			