



New York State Department of Taxation and Finance

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

Test 2–CT-5B

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 request for **first** tax year being included in a **new** combined group filing

Extension form: CT-5

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

Employer Identification Number: 00219XX02

Legal Name: CTEF5B (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 5 WA Harriman Campus Blvd Bldg 8 Ste 35, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 06-01-2016

Main returns: CT-3, CT3-M

Line B. Enter the Employer Identification Number of combined group's designated Agent:
002190342

Line C. If this extension request is for the first tax year that you are being included in a new combined group filing a combined return, mark an X in the box: (check this box)