



New York State Department of Taxation and Finance

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

Test 23–CTEF636

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

Return type: CT-3 Amended

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

Employer Identification Number: 00219XX23

Legal name: CTEF636 (Followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 636 WA Harriman Campus, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 01-01-2021

North American Industry Classification System business code number: 111900

Principal business activity: Other crop farming

Part 1

Section A

Line 2. Qualified New York manufacturer based on the principally engages test eligible for 0% business income base tax rate and lower Fixed Dollar Minimum tax amounts: Yes

Line 3. Qualified New York manufacturer based on the principally engaged test eligible for the 0% capital base tax rate: Yes

Section B

Line 1. Number of New York State employees: 180

Line 2. Wages paid to New York State employees: 7,250,000

Line 3. Number of business establishments in New York State: 4

Line 4. Interest in, or have rented, real property in New York State: Yes

Section C

Line 1. Federal return filed: 1120

Line 2. Amended return: 1120X

Line 2a. Tax due amount from most recently filed New York State return for this tax period: 35,000

Line 3. Required attachments: CT-3.4

Line 4. Number of tax credit forms filed with this return: 3

Part 2

Line 1c. New York receipts: 30,020,000

	Date Paid	Amount
Line 11	3-15-2024	1,000
Line 12	6-15-2024	1,000
Line 13	9-15-2024	1,000
Line 14	12-15-2024	1,000

Line 20b. Amount previously credited to 2025 Mandatory First Installment: 100

Line 24. Balance of overpayment to be refunded: 150

Line 25. Unused tax credits to be refunded: 136,459

Part 3

Line 1. Federal Taxable Income before Net Operating Loss and special deductions:
4,500,000

Part 4

		A Beginning of year	B End of year
Line 1	Total assets from federal return	35,000,000	40,000,000
Line 2	Real property and marketable securities	3,250,000	3,250,000
Line 4	Real property and marketable securities at fair market value	3,250,000	3,250,000
Line 6	Total liabilities	20,000,000	30,000,000

Part 5—No content

Part 6

		A—New York State	B— Everywhere
Line 1	Sales of tangible personal property	30,000,000	30,000,000
Line 9	Interest from loans secured by real property	20,000	20,000

Part 7—No content

CT-3.4

Line 5a. Net Operating Loss carryforward from prior year's Form CT-3.4: 5,000

Schedule A

A Tax period beginning and ending dates	B Amount from Form CT-3 Part 3, line 17	C When column B is not a loss, enter the ending dates of the tax period that generated an Net Operating loss used to reduce the amount in column B
01-01-2025 – 12-31- 2025	4,500,000	
01-01-2024 – 12-31- 2024	-5,000	
01-01-2023 – 12-31- 2023	425,000	
01-01-2022 – 12-31- 2022	1,750,000	
01-01-2021 – 12-31- 2021	205,000	

CT-611.2

Line A. Did the Department of Environmental Conservation accept this site into Brownfield Cleanup Program on or after July 1, 2015: Yes

Line A2. Did the Department of Environmental Conservation accept this site into the Brownfield Cleanup Program on or after June 23, 2008, and prior to July 1, 2015, and did the site receive a Certificate of Completion after December 31, 2019, and the site does not meet the exception: Yes

Part 1

Line C:

Site name: CTEF636

Site Owner: 00219XX23

Site location – municipality: Greenfield

Site location–county: Saratoga

Department of Environmental Conservation region: 5

Division of Environmental Remediation site number: DER12345

Date Certificate of Completion was issued: 10-01-2024

Name of certificate holder	Address of certificate holder	Employer Identification Number of certificate holder
CTEF636	636 WA Harriman Campus, Albany, NY 12227	00219XX23

Line J. Qualified site for which Certificate of Completion was issued by the Department of Environmental Conservation upside down: Yes

Line K. Is the qualified site for which the Certificate of Completion was issued by the Department of Environmental Conservation underutilized: Yes

Line L. Is the project located within a disadvantaged community: Yes

Part 2

Line N. Claiming this credit as a corporation that earned the credit: Yes

Part 3

Schedule A

A Description of site preparation costs	B Date costs paid	C Costs
Demolition	11-01-2021	230,000
Excavation	08-31-2021	50,000

Line 2. Applicable percentage rate: 0.12

Schedule B

A Description of groundwater remediation costs	B Date costs paid	C Costs
Remediation	02-22-2023	85,000

Line 5. Applicable percentage rate: 0.12

Schedule C

A Description of qualified property	B Principal use	C Date placed in service	D Life	E Cost or other basis
Compost plant	Soil treatment	05-06-2023	10	10,000
Water treatment	Water treatment	05-10-2023	10	15,000

Line 8A. Applicable percentage rate: 0.12

Line 8C. Qualified site is to be used primarily for manufacturing activities: 0.050

Line 8E. Qualified site is located within a disadvantaged community: 0.050

Line 10. Tangible property component limitation for the qualified site: 1,095,000

Line 11. Tangible property credit component available for use in the current tax year:
1,095,000

Schedule D—No content**Part 4—No content****Part 5****Schedule E—Software calculated****Schedule F**

Line 32. Amount of credit to be refunded: 49,300

CT-636

Line A. Claiming this credit as a corporation *earned* the credit: Yes

Schedule A

Line B. Registered as a distributor under Tax Law Article 18: Yes

Name of registered distributor	Employer Identification Number of registered distributor	State Liquor Authority license number
CTEF636	00219XX23	56491

Line C. 800,000 gallons or less of liquor: Yes

Schedule B–No content

Schedule C–No content

Schedule D–No content

Schedule E

Part 1

A Liquor production facility's physical address	B Total liters of liquor more that 2% but not more than 24% of Alcohol By Volume	C Total liters of liquor containing more that 24% Alcohol By Volume
Moonshine Alley, Albany, NY 12227	78,000	12,000

Schedule F–Software calculated

Schedule G

Line 43. Tax credit to be refunded: 72,759

Schedule H–No content

CT-647

Line A. Claiming this credit as a corporation that *earned* the credit: Yes

Line B. Is your federal gross income from farming at least two-thirds of you federal gross income from all sources in excess of \$30,000 for the tax year?: Yes

Line C. Name, Employer Identification Number, address of the farm: CTEF636, 00219XX23, 636 WA Harriman Campus, Albany, NY 12227

Line D. Total number of employees claimed for this credit: 12

Line E. Line 11 of worksheet A include more than 50% income from the sale of wine or cider: Yes

Schedule A–Software calculated

Schedule B

Line 11. Tax credit to be refunded: 14,400

Schedule C—No content**Schedule D**

A Name of eligible farm employee		B Employee work location Zone Improvement Plan	C Social Security Number of eligible employee	D Hours worked for the tax tear
First Name	Last Name			
Harry	Charles	12227	534111111	1,000
William	Prince	12227	534222222	2,500
Kate	William	12227	534333333	1,000
Megan	Harry	12227	534444444	2,000
Liz	Philip	12227	534555555	1,500
Andrew	Philip	12227	534666666	1,500
Ann	Philip	12227	534777777	2,000
George	William	12227	534888888	1,000
Charlotte	William	12227	534999999	2,500
Louis	William	12227	534100000	1,500
Charles	Prince	12227	534123456	1,000
Philip	William	12227	534654321	1,000