



## New York State Department of Taxation and Finance

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

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### Test 29-CTEF3A

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-A / CT-3-M

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

**Employer Identification Number:** 00219XX29

**Legal Name:** CTEF3A (followed by a space, then your software ID)

**File number:** Software calculated

**Telephone number:** 518-555-2626

**Address:** 3A WA Harriman Campus, Albany, NY 12227

**State of incorporation:** NYS

**Date of incorporation:** 01-01-2023

**North American Industry Classification System business code number:** 236100

**Principal business activity:** Commercial construction

**Line C. Total number of corporations in the combined group:** 3

**Line F. Federal separate taxable income:** 3,500,000

**Line G1. Value of assets:** 25,750,000

**Line G2. Value of assets:** 25,800,000

**Line G3. Value of assets:** 25,775,000

**Line H1. Value of liabilities:** 25,800,000

**Line H2. Value of liabilities:** 25,900,000

**Line H3. Value of liabilities:** 25,850,000

#### **Part 1**

##### **Section B**

**Line 1. Total number of New York State employees:** 5

**Line 2. Total wages paid to New York State employees:** 500,000

**Line 3. Total number of business establishments: 3**

**Section C**

**Line 1. Federal return filed: 1120 Consolidated**

**Line 3. Required attachments: CT-3.4, CT-60, CT-225-A, CT-227**

**Line 4. Number of credit forms filed with this return: 1**

**Line 5b. Commonly owned group election is *not* in effect: Yes**

**Part 2**

**Line 1c. New York receipts: 2,750,000**

| Composition of prepayments |            |        |
|----------------------------|------------|--------|
| Date Paid                  |            | Amount |
| Line 11                    | 3-15-2025  | 1,750  |
| Line 12                    | 6-15-2025  | 1,000  |
| Line 13                    | 9-15-2025  | 1,000  |
| Line 14                    | 12-15-2025 | 1,000  |

**Line 21b. Amount previously credited to 2025 Mandatory First Installment: 400**

**Line 24. Amount of overpayment to be credited to Form CT-3-M: 2,100**

**Line 25. Balance of overpayment to be refunded: 425**

**Part 3****Line 1a. Federal Consolidated Taxable Income of New York combined group: 1,410,000**

| Reconciliation of aggregate of federal separate taxable income to federal CTI |                         |                                                   |                 |                      |                                  |
|-------------------------------------------------------------------------------|-------------------------|---------------------------------------------------|-----------------|----------------------|----------------------------------|
| Item                                                                          | <b>A</b><br>Member name | <b>B</b><br>Member Employer Identification Number | <b>C</b><br>New | <b>D</b><br>Existing | <b>F</b><br>Ownership percentage |
| <b>A</b>                                                                      | CTEF3A                  | 00219XX29                                         |                 | X                    |                                  |
| <b>B</b>                                                                      | CTEF3ABC1               | 00219XX30                                         |                 | X                    | 1.0000                           |
| <b>C</b>                                                                      | CTEF3ABC3               | 00219XX31                                         | X               |                      | 0.9000                           |

| Reconciliation of aggregate of federal separate taxable income to federal Consolidated Taxable Income |                                                |                                |                                                                                     |                                           |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|
| Item                                                                                                  | <b>G</b><br>Part of federal consolidated group | <b>H</b><br>Federal form filed | <b>I</b><br>Employer Identification Number of parent of federal consolidated return | <b>J</b><br>Federal separate table income |
| <b>A</b>                                                                                              | X                                              | 1120                           | 00219XX29                                                                           | 3,500,000                                 |
| <b>B</b>                                                                                              | X                                              | 1120                           | 00219XX29                                                                           | -90,000                                   |
| <b>C</b>                                                                                              | X                                              | 1120                           | 00219XX29                                                                           | -2,000,000                                |

**Part 4—Software calculated****Part 5—No content****Part 6**

|                                           |                | <b>A</b><br>Designated agent | <b>B</b><br>Total of all combined members |
|-------------------------------------------|----------------|------------------------------|-------------------------------------------|
| 1 – Sale of tangible personal property    |                |                              |                                           |
| 1a                                        | New York State | 2,750,000                    | 200,000                                   |
| 1b                                        | Everywhere     | 30,000,000                   | 3,500,000                                 |
| 3 – Net gains from sales of real property |                |                              |                                           |
| 3b                                        | Everywhere     | 0                            | 40,000                                    |

**Part 7—Software calculated**

## **CT-3.4**

### **Schedule A**

| <b>A</b><br>Tax period beginning and<br>ending dates | <b>B</b><br>Amount from Form CT-3-A,<br>Part 3 line 17 for the period in<br>column A |
|------------------------------------------------------|--------------------------------------------------------------------------------------|
| 01-01-2025 – 12-31-2025                              | 105,546                                                                              |
| 01-01-2024 – 12-31-2024                              | 71,268                                                                               |
| 01-01-2023 – 12-31-2023                              | 15,060                                                                               |

### **Schedule B**

| <b>A</b><br>Name | <b>B</b><br>Employer<br>Identification<br>Number | <b>C</b><br>Net Operating<br>Loss available | <b>D</b><br>Beginning date | <b>E</b><br>Ending date |
|------------------|--------------------------------------------------|---------------------------------------------|----------------------------|-------------------------|
| CTEF3ABC2        | 00219XX31                                        | 0                                           | 01-01-2025                 | 12-31-2025              |

### **Schedule C–No content**

## **CT-225-A**

### **Schedule A**

#### **Part 1**

| Modification<br>number |                   | <b>B</b><br>Total group<br>members |
|------------------------|-------------------|------------------------------------|
| <b>1a</b>              | <b>A -</b><br>507 | 60,000                             |

### **Schedule B**

#### **Part 1**

| Modification<br>number |                   | <b>A</b><br>Designated agent or<br>parent | <b>B</b><br>Total group<br>members |
|------------------------|-------------------|-------------------------------------------|------------------------------------|
| <b>6a</b>              | <b>S -</b><br>507 | 90,000                                    | 180,000                            |

**CT-225-A/B-00219XX30****Schedule A**

| Modification number |                   | Amount |
|---------------------|-------------------|--------|
| <b>1a</b>           | <b>A -</b><br>507 | 60,000 |

**Schedule B**

| Modification number |                   | Amount |
|---------------------|-------------------|--------|
| <b>6a</b>           | <b>S -</b><br>507 | 6,000  |

**CT-225-A/B-00219XX31****Schedule A-No content****Schedule B**

| Modification number |                   | Amount  |
|---------------------|-------------------|---------|
| <b>6a</b>           | <b>S -</b><br>507 | 174,000 |

**CT-227**

Line 12. ALS Research and Education: 200

Line 14. Leukemia, Lymphoma, and Myeloma Fund: 75

**CT-399-00219XX29****Part 1-No content****Part 2**

| <b>A</b><br>Property description | <b>B</b><br>Date placed in service | <b>C</b><br>Total federal depreciation deduction taken | <b>D</b><br>Total NYS depreciation taken |
|----------------------------------|------------------------------------|--------------------------------------------------------|------------------------------------------|
| Property One                     | 05-01-2024                         | 250,000                                                | 160,000                                  |

**CT-399-00219XX30****Part 1-No content****Part 2**

| <b>A</b><br>Property description | <b>B</b><br>Date placed in service | <b>C</b><br>Total federal depreciation deduction taken | <b>D</b><br>Total New York State depreciation taken |
|----------------------------------|------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| Property One                     | 06-01-2023                         | 5,000                                                  | 65,000                                              |
| Property Two                     | 03-01-2023                         | 10,000                                                 | 4,000                                               |

**CT-399-00219XX31****Part 1-No content****Part 2**

| <b>A</b><br>Property description | <b>B</b><br>Date placed in service | <b>C</b><br>Total federal depreciation deduction taken | <b>D</b><br>Total New York State depreciation taken |
|----------------------------------|------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| Property One                     | 07-01-2024                         | 189,000                                                | 15,000                                              |

**CT-650-00219XX30**

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

**Line B. Name, and Employer Identification Number of business certified by New York State Department of Labor to participate in the Empire State Apprenticeship Tax Credit Program:**  
CTEF3ABC1, 00219XX30

**Line C. Certificate number:** ESATC123456789

**Line D. Allocation year:** 2025

**Line E. Total number of apprentices *without* a mentor:** 3

**Line F. Total number of apprentices *with* a mentor:** 6

**Line G. Total number of disadvantaged youth *without* a mentor:** 1

**Schedule A**

**Line 1. Empire State apprenticeship tax credit:** 6,000

**Schedule B-Software calculated****Schedule C-Software generated**

**CT-3-M**

**Line 15. Amount of overpayment to be credited to Metropolitan Transportation Authority surcharge for next period: 27**

**Schedule A**

|         |                                                                                | <b>A</b><br>Metropolitan<br>Commuter<br>Transportation<br>District | <b>B</b><br>New York<br>State |
|---------|--------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
| Line 24 | Sales of tangible personal property                                            | 2,950,000                                                          | 2,950,000                     |
| Line 80 | Wages and other compensation of employees<br>except general executive officers | 500,000                                                            | 500,000                       |

**Line 91. Overpayment credited from Form CT-3-A: 2,100, 12-31-2025**

**CT-60–Software calculated****Schedule A-No content****Schedule B**

**Line 4. Consolidated federal return: Yes**

**Line 4a. Number of corporations included in federal consolidated group: 3**

**Line 4b. Consolidated Federal Taxable Income before Net Operating Loss Deduction:  
1,410,000**

**Line 8. You are a member of an affiliated federal group: CTEF3A, 00219XX29**