



New York State Department of Taxation and Finance

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

Test 3–CT-5C

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 **added** to an **existing** combined group filing

Extension form: CT-5

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

Employer Identification Number: 00219XX03

Legal Name: CTEF5C (followed by a space, then your software ID)*

* For this test only, choose and enter additional characters from "2025 Test corporation with 75 character limit for Legal Name Testing" to produce a total of 75 characters.

File number: Software calculated

Telephone number: 518-555-2626

Address: 5 WA Harriman Campus Blvd Unit 538, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 06-01-2016

Main returns: CT-33, CT33-M

Employer Identification Number of combined group's designated Agent: 002190342

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