



# New York State Department of Taxation and Finance

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

## Test 4–CTEF54

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 form:** CT-5.4

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

**Employer Identification Number:** 00219XX04

**Legal Name:** CTEF54 (followed by a space, then your software ID)

**File number:** Software calculated

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

**Address:** Bldg 8 C/O Bill Smith 54 WA Harriman Campus Dr, Albany, NY 12227

**State of incorporation:** New York State

**Date of incorporation:** 09-12-1988

**Line 1. Franchise tax:** 3,500

**Line 2. First installment of estimated tax for the next year:** 0

| Composition of prepayments |            |        |
|----------------------------|------------|--------|
| Date Paid                  |            | Amount |
| Line 6                     | 3-15-2025  | 700    |
| Line 7a                    | 6-15-2025  | 700    |
| Line 7b                    | 9-15-2025  | 700    |
| Line 7c                    | 12-15-2025 | 700    |
| Line 8                     |            | 400    |