Test 5–CTEF53

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-5.3

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

Employer Identification Number: 00219XX05

Legal name: CTEF53 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 53 WA Harriman Campus Blvd, Albany, NY 12227

State of incorporation: California

Date of incorporation: 12-22-2014

Main returns filed: CT-3-A, CT-3-M

Line 1. Combined franchise tax: 137,964

Line 2. Combined fixed dollar minimum tax on taxable group member corporations: 3,396

Line 9. Metropolitan Transportation Authority surcharge: 42,408

Combined filer information

Part 1- Corporations included in the combined group other than the designated agent or parent (missing columns are blank)

A Corporation name	B Employer Identification Number	D Member Fixed Dollar Minimum	F Total CT-400 payments
Sub 1	001122345	3,325	4,750
Sub 2	002233456	71	

Prepayment information begins on next page

Part 2

Composition of prepayments			
Date Paid		**A** Franchise Tax	**B** Metropolitan Transportation Authority surcharge
Line 17	3-15-2025	28,500	6,650
Line 18a	6-15-2025	28,500	6,650
Line 18b	9-15-2025	28,500	6,650
Line 18c	12-15-2025	28,500	6,650
Line 21		5,000	