



New York State Department of Taxation and Finance

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

Test 6–CT-5.1

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 included in a **new** combined group filing

Extension form: CT-5.1

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

Employer Identification Number: 00219XX06

Legal Name: CTEF51 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 51 WA Harriman Campus, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 05-10-2000

Main returns: CT-3, CT3-M

Line A. Employer Identification Number of combined group's designated Agent:
002945681

Line B. If this additional extension request is for the first tax year you are being included in a new combined group filing a combined return, mark an X in the box: (check this box)

Explain in detail why you need additional time to file: We need more time to access financial records