Test 7–CTEF59

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-5.9

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

Employer Identification Number: 00219XX07

Legal name: CTEF59 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 59 WA Harriman Campus, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 03-25-1996

Main returns: CT-184, CT-184-M

Line 1. Tax from worksheet: 50,000

Line 6. Metropolitan Transportation Authority surcharge from worksheet: 8,500

Composition of prepayments			
Date Paid		**A** Franchise Tax	**B** Metropolitan Transportation Authority surcharge
Line 12	3-15-2025	10,000	2,000
Line 13a	6-15-2025	10,000	2,000
Line 13b	9-15-2025	10,000	2,000
Line 13c	12-15-2025	10,000	2,000
Line 14		5,000	250