



Department of Taxation and Finance

# Estimated Tax for Corporations

**CT-400****Filing made easy:** File and pay electronically through *Online Services* at [www.tax.ny.gov](http://www.tax.ny.gov).See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number		File no.	Return type (required)	Tax year	
				Beginning (mm-dd-yyyy)	Ending (mm-dd-yyyy)
Business telephone number ( )	State or country of incorporation		Date of incorporation		Installment due date
Legal name of corporation				Foreign corporations: date began business in NYS	
Street address or PO Box				For office use only	
City		State	ZIP code		

**A. Make payable to: *New York State Corporation Tax***Enclose your payment. (*Detach all check stubs; see instructions for details.*)

Payment enclosed

**A****Installment payment amount**

1 Tax .....	1		
2 MTA surcharge .....	2		

**Declaration of estimated tax**

3 Tax .....	3		
4 MTA surcharge .....	4		

<b>Third – party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ( )
	Designee's e-mail address		PIN

**Certification:** I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ( )		Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this return		Address		City	State ZIP code
	E-mail address of individual preparing this return			Preparer's NYTPRIN or		Excl. code Date

See instructions for where to file.

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