



Department of Taxation and Finance

Request for Six-Month Extension to File
(for franchise/business taxes, MTA surcharge, or both)
Tax Law – Articles 9-A, 13, and 33**CT-5**

All filers must enter tax period:

beginning

ending

Employer identification number (EIN)	File number	Business telephone number ()		
Legal name of corporation			Trade name/DBA	
Mailing address			State or country of incorporation	
Care of (c/o)				
Number and street or PO Box			Date of incorporation	Foreign corporations: date began business in NYS
City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)	For office use only
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.				

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed
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Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see Corporations filing a combined franchise tax return only in the instructions).

Do **not** complete line A and lines 1 through 16.

- B.** Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) ... **B**
- Note:** Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.
- C.** If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box ... **C** ☐
- D.** If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box ... **D** ☐

Calculation of estimated franchise tax

1	Franchise tax from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	1	
2			
3			
4	Prepayments of franchise tax (from line 16, column A)	4	
5	Balance due – franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	

Calculation of estimated MTA surcharge

6	MTA surcharge from the <i>Worksheet for lines 1 and 6</i> in Form CT-5-I	6	
7			
8			
9	Prepayments of MTA surcharge (from line 16, column B)	9	
10	Balance due – MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11	Total balance due (see instructions)	11	

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Composition of prepayments – Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

		Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300.....	12			
13a Second installment from Form CT-400	13a			
13b Third installment from Form CT-400	13b			
13c Fourth installment from Form CT-400	13c			
14 Overpayment credited from prior years.....	14			
15 Overpayment credited from Form CT- _____ Period	15			
16 Total prepayments (<i>total all entries in column A and column B</i>)	16			

Paid preparer use only (see instr.)	Firm's name (<i>or yours if self-employed</i>)		Firm's EIN		Preparer's PTIN or SSN	
	Signature of individual preparing this document	Address	City	State	ZIP code	
	Email address of individual preparing this document	Preparer's NYTPRIN	or	Excl. code	Date	

See instructions for where to file.

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