



Department of Taxation and Finance

Request for Three-Month Extension to File Form CT-186-E

(for telecommunications tax return and utility services tax return)

Tax Law – Article 9, Section 193

CT-5.9-E

For calendar year 2025

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.			

Important: File this form to request a three-month extension of time to file Form CT-186-E. **Do not** use this form to request an extension for any other New York State tax forms.

A. Pay amount shown on line 12. Make payable to: <i>New York State Corporation Tax</i>		Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)		A	
Calculation of estimated taxes and MTA surcharges		A. NYS tax	B. MTA surcharge
1 Total excise tax on telecommunications services (see instructions)	1		
2 Tax on the furnishing of utility services	2		
3 Total taxes (add lines 1 and 2)	3		
4 Total MTA surcharge related to telecommunication services	4		
5 MTA surcharge on the furnishing of utility services	5		
6 Total MTA surcharges (add lines 4 and 5)	6		
7a			
7b			
8			
9 Total (column A, enter line 3 amount; column B, enter line 6 amount)	9		
10 Total prepayments (transfer amounts from line 17, columns A and B)	10		
11 Balance (subtract line 10 from line 9; do not enter less than zero)	11		
12 Total taxes and surcharges balance (see instructions)	12		

Composition of prepayments claimed on line 10 (see instructions)		A. NYS tax	B. MTA surcharge
	Date paid	Amount	Amount
13 Mandatory first installment from Form CT-300	13		
14a Second installment from Form CT-400	14a		
14b Third installment from Form CT-400	14b		
14c Fourth installment from Form CT-400	14c		
15 Overpayment credited from prior years	15		
16 Overpayment credited from Form CT- _____ Period _____	16		
17 Total prepayments (total all entries in column A and column B; also enter on line 10)	17		

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)		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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