PROCESS CODE - 0629C

KEY

Data Captured Fields	CTWEB Data NOT Captured	CTWEB TI Corp Fields (CTELF)	ELF and RPC

DCMT_LCTR_NMBR

NEW YORK STATE 2027

Department of Taxation and Finance

TAX_TYPE_CD

CT-300

Mandatory First Installment (MFI) of Estimated Tax for Corporations

For New York C corporations subject to tax under Article 9-A or Article 33, and corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only

Employer identification number	File no.	Return type *(required)*	Tax year: Beginning *(mm-dd-yyyy)*	Tax year: Ending *(mm-dd-yyyy)*
EXT_TP_ID	FDC_CD/CHECK_DIGIT	RTN_TYPE_CODE	LIAB_PRD_BEG_DT	LIAB_PRD_END_DT

Business telephone number	State or country of incorporation	Date of incorporation	MFI due date
( ) TP_PHONE_NMBR	STATE_INCORP_NAME	INCORP_DATE	INSTL_DUE_DT

Legal name of corporation	Foreign corporations: date began business in NYS
LEGAL_NAME	FRGN_BBNY_DATE

Mailing name *(if different from legal name above)*	*Date received (for Tax Department use only)*
c/o MAILING_NAME	

Mailing address number and street or PO Box

MAIL_LN_1_ADR MAIL_LN_2_ADR

City	State	ZIP code
MAIL_CITY_ADR	MAIL_STATE_ADR	MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR

Filing made easy: File and pay electronically instead through *Online Services* at *www.tax.ny.gov.*

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

A — Payment enclosed: REMIT_AMT PYMNT_AMT

Computation of MFI *(see instructions,* Form CT-300-I, *before completing this form)*

		A New York State MFI	B MTA MFI
1	Franchise, excise, or gross receipts tax from second preceding tax year	TAXCLM_AMT	
2	First installment of estimated tax for the upcoming tax year	QTR_INSTALL_AMT	
3	MTA surcharge from second preceding tax year		MTA_SRCHARGE_AMT
4	First installment of estimated MTA surcharge for the upcoming tax year		MTA_QTR_INST_AMT
5	Enter the total overpayments credited from prior periods *(see instructions)*	MFI_PRIOR_AMT	TOT_MFI_AMT
6	Subtotal *(in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than **0**)*	BAL_DUE_AMT	MTA_BALDUE_AMT
7	Total state and MTA MFI due *(add line 6, columns A and B; enter here and **payment amount** on line A)*	TOT_STATE_DUE_AMT	
	Note: If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining *(see instructions)*.		
8	Estimated overpayment remaining *(in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than **0**; see instr.)* ...	MFI_OVPMT_ST_AMT	MFI_OVPMT_MTA_AMT

Third – party designee *(see instructions)*

THRD_PRTY_DSGN_IND Yes ☐ No ☐

Designee's name *(print)*	Designee's phone number	PIN
THRD_PRTY_NAME	( ) THRD_PRTY_PH_NMBR	THRD_PRTY_PIN_NMBR

Designee's e-mail address: THRDPRTY_EMAIL_ADR

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

Authorized person

Printed name of authorized person	Signature of authorized person	Official title
AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME		AUTHOFCR_TTLE_DESC

E-mail address of authorized person	Telephone number	Date
TP_EMAIL_ADR	( ) AUTH_PH_NMBR	AUTH_OFCR_SGN_DT

Paid preparer use only *(see instr.)*

Firm's name *(or yours if self-employed)*	Firm's EIN	Preparer's PTIN or SSN
FIRM_NAME	PAID_PREPARER_ID	PREP_SSN_NMBR

Signature of individual preparing this return	Address	City	State	ZIP code
	PREP_LN_1_ADR PREP_LN_2_ADR	PREP_CTY_ADR	PREP_ST_ADR	PREP_ZIP_5_ADR PREP_ZIP_4_ADR

E-mail address of individual preparing this return	Preparer's NYTPRIN or Excl. code	Date
PP_EMAIL_ADR	TX_PREP_RGST_ID EXCL_CD	PREP_SIGN_DT

See instructions for where to file.

BAR_1D_CODE

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