

## Estimated Tax for Corporations



**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<br><br><b>EXT_TP_ID</b>                    |                                                               | File no.<br><small>FCC_CD/CHECK_DIGIT</small> | Return type (required)<br><br><b>RTN_TYPE_CODE</b> | Tax year<br>Beginning (mm-dd-yyyy)<br><b>LIAB_PRD_BEG_DT</b> |                                                                           | Ending (mm-dd-yyyy)<br><b>LIAB_PRD_END_DT</b> |
| Business telephone number<br>( ) <b>TP_PHONE_NMBR</b>                     | State or country of incorporation<br><b>STATE_INCORP_NAME</b> |                                               | Date of incorporation<br><b>INCRP_DATE</b>         |                                                              | Installment due date<br><b>INSTL_DUE_DT</b>                               |                                               |
| Legal name of corporation<br><b>LEGAL_NAME</b>                            |                                                               |                                               |                                                    |                                                              | Foreign corporations: date began business in NYS<br><b>FRGN_BBNY_DATE</b> |                                               |
| Street address or PO Box<br><br><b>MAIL_LN_1_ADR</b> <b>MAIL_LN_2_ADR</b> |                                                               |                                               |                                                    |                                                              | For office use only                                                       |                                               |
| City<br><br><b>MAIL_CITY_ADR</b>                                          |                                                               |                                               | State<br><b>MAIL_STATE_ADR</b>                     | ZIP code<br><b>MAIL_ZIP_5_ADR</b><br><b>MAIL_ZIP_4_ADR</b>   |                                                                           |                                               |

**A. Make payable to: New York State Corporation Tax**

Enclose your payment. (Detach all check stubs; see instructions for details.)

Payment enclosed

**REMIT\_AMT**

**PYMNT\_AMT**

**A**

**Installment payment amount**

|                       |   |                  |  |
|-----------------------|---|------------------|--|
| 1 Tax .....           | 1 | <b>STATE_AMT</b> |  |
| 2 MTA surcharge ..... | 2 | <b>MTA_AMT</b>   |  |

**Declaration of estimated tax**

|                       |   |                        |  |
|-----------------------|---|------------------------|--|
| 3 Tax .....           | 3 | <b>DCL_EST_TAX_AMT</b> |  |
| 4 MTA surcharge ..... | 4 | <b>DCL_EST_MTA_AMT</b> |  |

|                                              |                                                                                                             |  |                                                  |                                                         |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|---------------------------------------------------------|
| Third - party designee<br>(see instructions) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>THRD_PRTY_DSGN_IND</b> |  | Designee's name (print)<br><b>THRD_PRTY_NAME</b> | Designee's phone number<br>( ) <b>THRD_PRTY_PH_NMBR</b> |
|                                              | Designee's e-mail address<br><b>THRD_PRTY_EMAIL_ADR</b>                                                     |  |                                                  | PIN <b>THRD_PRTY_PIN_NMBR</b>                           |

**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<br><b>AUTHOFPCR_FRST_NAME</b> <b>AUTHOFPCR_LAST_NAME</b> |  | Signature of authorized person                       |                                              | Official title<br><b>AUTHOFPCR_TITL_DESC</b> |                                                            |
|                                        | E-mail address of authorized person<br><b>TP_EMAIL_ADR</b>                                 |  |                                                      | Telephone number<br>( ) <b>AUTH_PH_NMBR</b>  |                                              | Date<br><b>AUTH_OFPCR_SGN_DT</b>                           |
| Paid preparer use only<br>(see instr.) | Firm's name (or yours if self-employed)<br><b>FIRM_NAME</b>                                |  |                                                      | Firm's EIN<br><b>PAID_PREPARER_ID</b>        |                                              | Preparer's PTIN or SSN<br><b>PREP_SSN_NMBR</b>             |
|                                        | Signature of individual preparing this return                                              |  | Address<br><b>PREP_LN_1_ADR</b> <b>PREP_LN_2_ADR</b> | City<br><b>PREP_CTY_ADR</b>                  | State<br><b>PREP_ST_ADR</b>                  | ZIP code<br><b>PREP_ZIP_5_ADR</b><br><b>PREP_ZIP_4_ADR</b> |
|                                        | E-mail address of individual preparing this return<br><b>PP_EMAIL_ADR</b>                  |  |                                                      | Preparer's NYTPRIN<br><b>TX_PREP_RGST_ID</b> | or<br><b>EXCL_CD</b>                         | Date<br><b>PREP_SIGN_DT</b>                                |

See instructions for where to file.

