

CT-5

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

All filers must enter tax period:

beginning

LIAB_PRD_BEG_DT

ending

LIAB_PRD_END_DT

Employer identification number (EIN) EXT_TP_ID	File number FCC_CD / CHECK_DIGIT	Business telephone number () TP_PHONE_NMBR	
Legal name of corporation LEGAL_NAME	Trade name/DBA BUS_TRADE_NAME		
Mailing address Care of (c/o) MAILING_NAME	State or country of incorporation STATE_INCORP_NAME		
Number and street or PO Box MAIL_LN_1_ADR MAIL_LN_2_ADR	Date of incorporation INCORP_DATE	Foreign corporations: date began business in NYS FRGN_BBNY_DATE	
City MAIL_CITY_ADR	U.S. state/Canadian province MAIL_STATE_ADR	ZIP/Postal code MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR	Country (if not United States) MAIL_CNTRY_CD
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.			For office use only DCMT_RCVD_DT

Request for extension of time to file the following forms: Mark boxes 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_IND ☐	CT-3M4M_IND ☐	CT-13_IND ☐	CT-33_IND ☐	CT-33C_IND ☐	CT-33M_IND ☐	CT-33NL_IND ☐
CT-3	CT-3-M	CT-13	CT-33	CT-33-C	CT-33-M	CT-33-NL

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 REMIT_AMT PYMNT_AMT
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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	CMB_PARENT_ID
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		CMB_NEW_FRST_IND 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		CMB_EXST_FRST_IND D ☐

Calculation of estimated franchise tax

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

Calculation of estimated MTA surcharge

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

BAR_ID_CODE

455001260099



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 INSTALL_A_DT	REQ_INSTALL_A_AMT	REQ_INST_A_AMT
13a Second installment from Form CT-400	13a INSTALL_B_DT	REQ_INSTALL_B_AMT	REQ_INST_B_AMT
13b Third installment from Form CT-400	13b INSTALL_C_DT	REQ_INSTALL_C_AMT	REQ_INST_C_AMT
13c Fourth installment from Form CT-400	13c INSTALL_D_DT	REQ_INSTALL_D_AMT	REQ_INST_D_AMT
14 Overpayment credited from prior years.....	14 OVPMT_PRR_AMT	OVPMT_PRR_MTA_AMT	
15 Overpayment credited from Form CT- CT_FORM_TYPE Period CRD_FROM_PRD_DATE	15 PREPAY_CR_AMT	PREPAY_CR_MTA_AMT	
16 Total prepayments (total all entries in column A and column B)	16 PREPAY_AMT	MTA_PREPAY_AMT	

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FIRM_NAME		Firm's EIN PAID_PREPARER_ID		Preparer's PTIN or SSN PREP_SSN_NMBR	
	Signature of individual preparing this document		City PREP_CITY_ADR		State PREP_ST_ADR	
	Address PREP_LN_1_ADR PREP_LN_2_ADR		ZIP code PREP_ZIP_5_ADR		PREP_ZIP_4_ADR	
	Email address of individual preparing this document PP_EMAIL_ADR		Preparer's NYTPRIN or TX_PREP_RGST_ID		Excl. code EXCL_CD	
			Date PREP_SIGN_DT			

See instructions for where to file.

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