

Department of Taxation and Finance

CT-5.3

Request for Six-Month Extension to File
(for combined franchise tax return, or
combined MTA surcharge return, or both)

Tax Law – Articles 9-A 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 an **X** in the boxes for one article only. Use one form and mark **both** boxes under the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark **both** the CT-3-A box and the CT-3-M box under *Article 9-A* if you are requesting an extension of time to file **both** returns.

Note: Do not file this form if you are a QSSS that has made the New York State S corporation election and your assets, liabilities, income, and deductions are being treated as those of your parent.

Article 9-A		Article 33	
CT3A_IND CT-3-A ☐	CT_3M4M_IND CT-3-M ☐	CT_33A_IND CT-33-A ☐	CT_33M_IND CT-33-M ☐

A. Pay amount shown on line 14. 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

Calculation of estimated franchise tax and fixed dollar minimum tax

1 Combined franchise tax from the worksheet (see instructions)	1	TAXCLM_AMT
2 Combined fixed dollar minimum tax on taxable group member corporations (from the worksheet; see instructions)	2	MIN_SUB_GTR_AMT
3		
4 Total combined franchise tax and fixed dollar minimum tax on group member corporations (add lines 1 and 2)	4	TAX_CLAIM_AMT
5		
6		
7 Prepayments of combined franchise tax and fixed dollar minimum tax on group member corporations (enter amount from line 22, column A)	7	PRIOR_AMT
8 Balance due (subtract line 7 from line 4; do not enter less than zero)	8	BAL_DUE_AMT

Calculation of estimated MTA surcharge

9 Combined MTA surcharge from the worksheet (see instructions)	9	MTA_SRCHARGE_AMT
10		
11		
12 Prepayments of combined MTA surcharge (enter amount from line 22, column B)	12	MTA_PRIOR_AMT
13 Balance due - combined MTA surcharge (subtract line 12 from line 9; do not enter less than zero)	13	MTA_BALDUE_AMT
14 Total balance due (see instructions)	14	TOT_BAL_DUE_AMT

BAR_ID_CODE

456001260099



Combined filer information

Part 1 – Corporations included in the combined group other than designated agent (Article 9-A) or parent (Article 33) (attach additional sheets if necessary, formatted as below)

[illegible]**Part 2 – Parent or designated agent only**

Part 2 – Parent or designated agent only				E Prior year payments		F Total CT-400 payments	
16 Parent or designated agent prepayments				16	P_PAYR_PREPAY_AMT	P_PAYR_TOT_AMT	
Composition of prepayments — Use the following worksheet to determine the prepayments of franchise tax on line 7 and the prepayments of the MTA surcharge on line 12 (<i>see instructions</i>).				A Combined franchise tax		B Combined MTA surcharge	
Composition of prepayments claimed on lines 7 and 12				Date paid		Amount	
17 Mandatory first installment of combined group from Form CT-300				17	INSTALL_A_DT	REQ_INSTALL_A_AMT	REQ_INST_A_AMT
18a Second installment of combined group from Form CT-400				18a	INSTALL_B_DT	REQ_INSTALL_B_AMT	REQ_INST_B_AMT
18b Third installment of combined group from Form CT-400				18b	INSTALL_C_DT	REQ_INSTALL_C_AMT	REQ_INST_C_AMT
18c Fourth installment of combined group from Form CT-400				18c	INSTALL_D_DT	REQ_INSTALL_D_AMT	REQ_INST_D_AMT
19 Overpayment credited from combined return of prior years.....				19	OVPMT_PRR_AMT	OVPMT_PRR_MTA_AMT	
20 Overpayment credited from Form CT- CT_FORM_TYPE Period CRD_FROM_PRD_DATE				20	PREPAY_CR_AMT	PREPAY_CR_MTA_AMT	
21 Total prepayments from member not previously included in the combined return.....				21	PAY_NINC_AMT	PAY_NINC_MTA_AMT	
22 Total prepayments (<i>total all entries in column A and column B</i>)				22	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		Address PREP_LN_1_ADR PREP_LN_2_ADR	City PREP_CTY_ADR		State PREP_ST_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_CD		Date PREP_SIGN_DT	

See instructions for where to file.

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