



Department of Taxation and Finance

Request for Six-Month Extension to File New York S Corporation Franchise Tax Return

CT-5.4

All filers must enter tax period:

beginning ending

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

File this form to request a six-month extension of time to file Form CT-3-S.

A. Pay amount shown on line 5. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)		Payment enclosed REMIT_AMT PYMNT_AMT	
Computation of estimated franchise tax			
1 Franchise tax (see instructions)	TAXCLM_AMT		
2 Optional first installment of estimated tax for the next tax year (see instructions)	INSTALL_AMT		
3 Total franchise tax and first installment (add lines 1 and 2)	TOT_TX_INST_AMT		
4 Prepayments of franchise tax (from line 10 below)	PRIOR_AMT		
5 Balance due (subtract line 4 from line 3 and enter here; if zero or less, enter 0; enter the payment amount on line A above)	BAL_DUE_AMT		

Composition of prepayments – If additional space is needed, enter **see attached** in this section and enter all relevant prepayment information on a separate sheet. Include all amounts in the total on line 10.

	Date paid	Amount
6 Optional first installment	INSTALL_A_DT	REQ_INSTALL_A_AMT
7a Optional second installment from Form CT-400	INSTALL_B_DT	REQ_INSTALL_B_AMT
7b Optional third installment from Form CT-400	INSTALL_C_DT	REQ_INSTALL_C_AMT
7c Optional fourth installment from Form CT-400	INSTALL_D_DT	REQ_INSTALL_D_AMT
8 Overpayment credited from prior years (see instructions)		OVPMNT_PRR_AMT
9 Overpayment credited from Form CT- CT_FORM_TYPE Per CRD_FROM_PRD_DATE 		PREPAY_CR_AMT
10 Total prepayments (add all entries in Amount column)		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	
	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.

