

CT-5.6

DCMT_LCTR_NMBR



Department of Taxation and Finance

Request for Three-Month Extension to
File Form CT-186

(for utility corporation franchise tax return, MTA surcharge return, or both)

Tax Law – Article 9, former § 186

For calendar year 2026

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_RCDV_DT

This request for an extension of time to file is only for those subject to former Tax Law § 186.

Use one Form CT-5.6 and mark an **X** in **both** boxes if you are requesting an extension for **both** the franchise tax return and the MTA surcharge return.

CT-186 ☐	CT-186M ☐
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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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Calculation of estimated tax

1	Tax from worksheet (see instructions)	1	TAXCLM_AMT
2	First installment of estimated tax for the next tax year (see instructions)	2	QTR_INSTALL_AMT
3	Total tax and first installment (add lines 1 and 2)	3	TOT_TX_INST_AMT
4	Prepayments of tax (from line 16, column A)	4	PRIOR_AMT
5	Balance due – tax and first installment (subtract line 4 from line 3)	5	BAL_DUE_AMT

Calculation of estimated MTA surcharge

6	MTA surcharge from worksheet (see instructions)	6	MTA_SRCHARGE_AMT
7	First installment of estimated MTA surcharge for the next tax year (see instructions)	7	MTA_QTR_INST_AMT
8	Total MTA surcharge and first installment (add lines 6 and 7)	8	TOT_MTA_INST_AMT
9	Prepayments of MTA surcharge (from line 16, column B)	9	MTA_PRIOR_AMT
10	Balance due – MTA surcharge and first installment (subtract line 9 from line 8)	10	MTA_BALDUE_AMT
11	Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above)	11	TOT_BAL_DUE_AMT

Composition of prepayments – Use the following worksheet to determine the prepayments of tax on line 4 and line 9. If additional space is needed, enter **see attached** in this section and enter all relevant prepayment information on a separate sheet. Transfer the totals to the appropriate column on line 16.

		A Business tax	B MTA surcharge
		Date paid	Amount
12	Mandatory first installment	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 (see instructions)	14	OVPMT_PRR_AMT OVPMT_PRR_MTA_AMT
15	Overpayment credited from Form CT- CT_FORM_TYB 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	Address PREP_LN_1_ADR PREP_LN_2_ADR	City PREP_CTY_ADR
	Email address of individual preparing this document PP_EMAIL_ADR	State PREP_ST_ADR	ZIP code PREP_ZIP_5_ADR PREP_ZIP_4_ADR
		Preparer's NYTPRIN or TX_PREP_RGST_ID	Excl. code EXCL_CD
			Date PREP_SIGN_DT

See instructions for where to file.

BAR_ID_CODE

573001260099

