

CT-5.9-E

Department of Taxation and Finance

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

(for telecommunications tax return and utility services tax return)

Tax Law – Article 9, § 193

TAX_YEAR

For calendar year 2026

Employer identification number (EIN)	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

Important: File this form to request a three-month extension of time to file Form CT-186-E. **Do not** use this form to request an extension for any other New York State tax forms.

A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax		Payment enclosed	
Attach your payment here. Detach all check stubs. (See instructions for details.)		A REMIT_AMT PYMNT_AMT	
Calculation of estimated taxes and MTA surcharges		A. NYS tax	
1 Total excise tax on telecommunications services (see instructions)	1	EXCISE_TAX_AMT	
2 Tax on the furnishing of utility services	2	UTILITY_TAX_AMT	
3 Total taxes (add lines 1 and 2)	3	TAX_CLAIM_AMT	
4 Total MTA surcharge related to telecommunication services	4		MTA_SRCHRG_TEL_AMT
5 MTA surcharge on the furnishing of utility services	5		MTA_SRCHRG_UTIL_AMT
6 Total MTA surcharges (add lines 4 and 5)	6		MTA_SRCHARGE_AMT
7a			
7b			
8			
9 Total (column A, enter line 3 amount; column B, enter line 6 amount)	9	TOT_TX_INST_AMT	TOT_MTA_INST_AMT
10 Total prepayments (transfer amounts from line 17, columns A and B)	10	STATE_PREPAY_AMT	MTA_PREPAY_AMT
11 Balance (subtract line 10 from line 9; do not enter less than zero)	11	STATE_BALDUE_AMT	MTA_BALDUE_AMT
12 Total taxes and surcharges balance (see instructions)	12	TOT_TX_SRCHRG_AMT	

Composition of prepayments claimed on line 10 (see instructions)		A. NYS tax		B. MTA surcharge	
	Date paid	Amount		Amount	
13 Mandatory first installment from Form CT-300	13	INSTALL_A_DT	REQ_INSTALL_A_AMT	REQ_INST_A_AMT	
14a Second installment from Form CT-400	14a	INSTALL_B_DT	REQ_INSTALL_B_AMT	REQ_INST_B_AMT	
14b Third installment from Form CT-400	14b	INSTALL_C_DT	REQ_INSTALL_C_AMT	REQ_INST_C_AMT	
14c Fourth installment from Form CT-400	14c	INSTALL_D_DT	REQ_INSTALL_D_AMT	REQ_INST_D_AMT	
15 Overpayment credited from prior years	15	OVPMT_PRR_AMT		OVPMT_PRR_MTA_AMT	
16 Overpayment credited from Form CT-CT_FORM_TYPE Period CRD_FROM_PRD_DATE	16	PREPAY_CR_AMT		PREPAY_CR_MTA_AMT	
17 Total prepayments (total all entries in column A and column B; also enter on line 10)	17	PREPAY_AMT		PREPAY_MTA_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.

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