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New York State 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, 32, and 33

All filers must enter tax period:

Employer identification number	File number	Business telephone number ()	beginning		ending	
Legal name of corporation			Trade name/DBA			
Mailing name (if different from legal name) and address c/o			State or country of incorporation		Date received (for Tax Department use only)	
Number and street or PO box			Date of incorporation			
City	State	ZIP code	Foreign corporations: date began business in NYS		Audit use	
<small>If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See <i>Need help?</i> in the instructions.</small>						

Request for extension of time to file the following forms: Mark box(es) 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-3M/4M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 32		Article 33	
CT-3 <input type="checkbox"/>	CT-3M/4M <input type="checkbox"/>	CT-13 <input type="checkbox"/>	CT-32 <input type="checkbox"/>	CT-32-M <input type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-M <input type="checkbox"/>
or CT-4 <input type="checkbox"/>					CT-33-C <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

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.)	Payment enclosed A.
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Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1.	
2 First installment of estimated tax for the next tax year (see instructions)	2.	
3 Total franchise tax and first installment (add lines 1 and 2)	3.	
4 Prepayments of franchise tax (from line 16, column A)	4.	
5 Balance due — franchise tax (subtract line 4 from line 3)	5.	

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6.	
7 First installment of estimated MTA surcharge for the next tax year (see instructions)	7.	
8 Total MTA surcharge and first installment (add lines 6 and 7)	8.	
9 Prepayments of MTA surcharge (from line 16, column B)	9.	
10 Balance due — MTA surcharge (subtract line 9 from line 8)	10.	
11 Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above)	11.	

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	12.		
13a Second installment from Form CT-400	13a.		
13b Third installment from Form CT-400	13b.		
13c Fourth installment from Form CT-400	13c.		
14 Overpayment credited from prior years	14.		
15 Overpayment credited from Form CT-_____ Period _____	15.		
16 Total prepayments (total all entries in column A and column B)	16.		

Paid preparer use only	Firm's name (or yours if self-employed)				ID number
	Signature of individual preparing this document	Address	City	State	ZIP code
	E-mail address of individual preparing this document				Date

See instructions for where to file.

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