



CT-5.4

New York State Department of Taxation and Finance

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

Staple forms here

All filers must enter tax period:

beginning [] ending []

Employer identification number	File number	Business telephone number ()	[]	
Legal name of corporation				
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	
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.				Audit use

You may request a six-month extension of time to file one of the following franchise tax returns: Mark an X in only one box. Under Article 9-A you may select Form CT-3-S. Under Article 32 you may select Form CT-32-S.

Article 9-A	Article 32
CT-3-S <input type="checkbox"/>	CT-32-S <input type="checkbox"/>

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	
	A.	[]

Computation of estimated franchise tax		
1 Franchise tax (see instructions)		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 10 below)		4.
5 Balance due (subtract line 4 from line 3 and enter here; enter the payment amount on line A above)		5.

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 Mandatory first installment.....	6.	
7a Second installment from Form CT-400.....	7a.	
7b Third installment from Form CT-400.....	7b.	
7c Fourth installment from Form CT-400	7c.	
8 Overpayment credited from prior years (see instructions)	8.	
9 Overpayment credited from Form CT- [] Period []	9.	
10 Total prepayments (add all entries in Amount column)	10.	

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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