Various design element changes for new processing system in PY2013.

corrected spacing

2012

New York State Department of Taxation and Finance

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

Reduced number of pages from 2 to 1.

1st DRAFT **CT-5.4**

moved to right margin

All filers must enter tax period:

beginning _____ ending _____

Employer identification number	File number	Business telephone number ( )

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*

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

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 ☐	CT-32-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.)*	**A**	Payment enclosed	

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 *(see instr.)*	Firm's name *(or yours if self-employed)*		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this document	Address	City State ZIP code	
	E-mail address of individual preparing this document		Preparer's NYTPRIN	Date

See instructions for where to file.