



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

CT-5.4

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 <i>Business information</i> 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 <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.)	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.

457001120094

