



Request for Six-Month Extension to File

(for combined franchise tax return, or combined MTA surcharge return, or both)

Tax Law – Articles 9-A and 33

CT-5.3

All filers must enter tax period:

Employer identification number (EIN)		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 Number and street or PO box				State or country of incorporation		Date received (for Tax Department use only)	
City		State	ZIP code	Date of incorporation		Foreign corporations: date began business in NYS	
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.				Audit use			

Request for extension of time to file the following forms: Mark an **X** in the box(es) for one article only. Use one form and mark **both** boxes under the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark **both** the *CT-3-A* box and the *CT-3-M* box under *Article 9-A* if you are requesting an extension of time to file **both** returns.

Note: Do not file this form if you are a QSSS that has made the New York State S corporation election and your assets, liabilities, income, and deductions are being treated as those of your parent.

Article 9-A		Article 33	
CT-3-A <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-33-A <input type="checkbox"/>	CT-33-M <input type="checkbox"/>

A. Pay amount shown on line 14. 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 and minimum tax

1 Combined franchise tax from the worksheet (see instructions)	1	
2 Combined minimum tax on member corporations with a fixed dollar minimum tax of more than \$1,000 (from the worksheet; see instructions)	2	
3 Combined minimum tax on member corporations with a fixed dollar minimum tax of \$1,000 or less (from the worksheet; see instructions)	3	
4 Total combined franchise tax and minimum tax on member corporations (add lines 1, 2, and 3)	4	
5 First installment of estimated tax for the next tax year (see instructions)	5	
6 Total combined franchise tax, minimum tax on member corporations, and first installment (add lines 4 and 5)	6	
7 Prepayments of combined franchise tax and minimum tax on member corporations (enter amount from line 22, column A)	7	
8 Balance due (subtract line 7 from line 6)	8	

Computation of estimated MTA surcharge

9 Combined MTA surcharge from the worksheet (see instructions)	9	
10 First installment of estimated combined MTA surcharge for the next tax year (see instructions)	10	
11 Total combined MTA surcharge and first installment (add lines 9 and 10)	11	
12 Prepayments of combined MTA surcharge (enter amount from line 22, column B)	12	
13 Balance due - combined MTA surcharge (subtract line 12 from line 11)	13	
14 Total balance due (add lines 8 and 13 and enter here; enter the payment amount on line A above)	14	

456001150094



Combined filer information

Part 1 – Corporations included in the combined group other than designated agent (Article 9-A) or parent (Article 33) (attach additional sheets if necessary, formatted as below)

A Corporation name	B EIN	C Short tax year		D Member fixed dollar minimum tax	E Prior year payments	F Total CT-400 payments	G Amount paid with a separately filed CT-5 or CT-5.4 extension
		from <i>(mm-yy)</i>	to <i>(mm-yy)</i>				
15 Add amounts in Part 1, column D.....				15			

Part 2 – Parent or designated agent only

		E Prior year payments	F Total CT-400 payments
16 Parent or designated agent prepayments	16		
Composition of prepayments — Use the following worksheet to determine the prepayments of franchise tax on line 7 and the prepayments of the MTA surcharge on line 12 (see instructions).			
		A Combined franchise tax	B Combined MTA surcharge
Composition of prepayments claimed on lines 7 and 12	Date paid	Amount	Amount
17 Mandatory first installment of combined group	17		
18a Second installment of combined group from Form CT-400	18a		
18b Third installment of combined group from Form CT-400	18b		
18c Fourth installment of combined group from Form CT-400	18c		
19 Overpayment credited from combined return of prior years.....	19		
20 Overpayment credited from Form CT- _____ Period	20		
21 Total prepayments from member not previously included in the combined return.....	21		
22 Total prepayments (total all entries in column A and column B)	22		

Paid preparer use only <i>(see instr.)</i>	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 or		Excl. code	Date

See instructions for where to file.

456002150094

