



Estimated Tax for Corporations

Filing made easy: File and pay electronically through *Online Services* at www.tax.ny.gov.

See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number		File no.	Return type (required)	Tax sub type	Tax year: beginning (mm-yy)	ending (mm-yy)
Business telephone number ()	State or country of incorporation		Date of incorporation		Installment due date	
Legal name of corporation					Foreign corporations: date began business in NYS	
Street address or PO box					For office use only	
City		State	ZIP code			

A. Make payable to: <i>New York State Corporation Tax</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)	A	Payment enclosed

Installment payment amount

1 Tax	1		
2 MTA surcharge.....	2		

Declaration of estimated tax

3 Tax	3		
4 MTA surcharge	4		

Third – party designee <small>(see instructions)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address			PIN

Certification: I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only <small>(see instr.)</small>	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this return		Address		City	State ZIP code
	E-mail address of individual preparing this return			Preparer's NYTPRIN	or	Excl. code Date

See instructions for where to file.

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