



Department of Taxation and Finance

**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 (EIN)	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.				

File this form to request a six-month extension of time to file Form CT-3-S.

<b>A.</b> Pay amount shown on line 5. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	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	

<b>Paid preparer use only</b> (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		or	Excl. code Date

See instructions for where to file.

457001150094

