



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	
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	

File this form to request a six-month extension of time to file Form CT-3-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.)	Payment enclosed	
	A	

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 <input type="text"/>	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 or	Excl. code	Date

See instructions for where to file.

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