



New York State Department of Taxation and Finance

CT-400-MN Estimated Tax for Corporations

(5/00)

Employer identification number	File number	Article	Report type	Period ending	Industry code	Installment due date
Business telephone number ()	State or country of incorporation		Date	Foreign corporations: date began business in NYS		
Name						
Street address or P O box						
City			State	ZIP code		

For office use only

Installment payment amount

1 Tax

2 MTA surcharge

3 Total payment enclosed

Declaration of estimated tax

4 Tax

5 MTA surcharge

Make checks payable to: *New York State Corporation Tax.*

Return this form with your payment to: **NYS ESTIMATED CORPORATION TAX, P O BOX 22109, ALBANY NY 12201-2109.**

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