



CT-5.4

New York State Department of Taxation and Finance

Request for Six-Month Extension to File New York S Corporation Franchise Tax Return

1998 calendar-yr. filers, check box
Other filers enter tax period:

beginning	
ending	

Employer identification number		File number	For office use only
Legal name of corporation		Trade name/DBA	
Mailing name and address	Mailing name (if different from legal name) and address c/o Number and street or PO box		Date received
	State or country of incorporation		Audit use
	Date of incorporation		
	City State ZIP code		Foreign corporations: date began business in NYS
If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.			Business telephone number ()
Business activity code number (from federal return; see instructions)		<input type="radio"/> NAICS <input type="radio"/> Other	Principal business activity

You may request one six-month extension of time to file one of the following franchise tax returns: Check only one box. Under Article 9-A you may select Form CT-3-S or Form CT-4-S. Under Article 32 you may select Form CT-32-S.

Article 9-A		Article 32
<input type="checkbox"/> CT-3-S	or	<input type="checkbox"/> CT-32-S

A. Payment — pay amount shown on line 5. Make check payable to: New York State Corporation Tax Attach your payment here.	Payment enclosed
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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 (see Composition of Prepayments on back page)	4
5 Balance due (subtract line 4 from line 3; enter payment on line A above)	5

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this document

Mail this application to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22109, ALBANY NY 12201-2109.**
Private Delivery Services: See back page.

Instructions

Requirements for a Valid New York State Extension

- You must file Form CT-5.4 and pay the properly estimated franchise tax on or before the original due date of the tax return for which this extension is requested.
- The properly estimated franchise tax must either:
 - equal or exceed the franchise tax shown on your tax return for the preceding tax year (if the preceding tax year was a tax year of 12 months); or
 - equal or exceed 90% of the franchise tax as finally determined for the tax year for which this extension is requested (i.e., 90% rule).

The franchise tax is the amount of franchise tax computed after the deduction of any tax credits.

The preceding tax year is the tax year occurring immediately before the tax year for which this extension is requested.

The franchise tax for the preceding tax year must be adjusted as necessary to correct errors in computation or in the application of tax rate or tax base.

Extensions of Time for Filing Returns

A six-month extension of time for filing a franchise tax return will be granted if Form CT-5.4 is properly filed and properly estimated tax is paid on or before the original due date of the return.

No late filing or late payment penalties will be imposed if you file your return by the extended due date and pay the balance of the tax due with your return.

Interest applies to any tax not paid by the original due date of the return. A subchapter S shareholder penalty may be imposed if the return is filed after the due date or valid extension due date, regardless if the tax is paid on time.

If applicable, you must also pay the mandatory first installment of estimated tax for the next tax year shown on line 2 on before the original due date of the tax return.

Instructions (continued)

Who May File Form CT-5.4

A general business corporation (Article 9-A) or banking corporation (Article 32) that has elected to be a New York S corporation by filing Form CT-6 may file Form CT-5.4 to request one six-month extension of time to file Form CT-3-S, Form CT-4-S, or Form CT-32-S. Additional extensions of time (beyond 6 months) will **not** be granted to New York S corporations.

A group of S corporations filing on a combined basis on Form CT-3-S-A may not use Form CT-5.4 to request an extension. To request an extension to file Form CT-3-S-A, *New York S Corporation Combined Franchise Tax Return*, use Form CT-5.3, *Request for Six-Month Extension to File (Combined Franchise Tax Return, MTA Surcharge Return, or Both)*.

When and Where to File

File Form CT-5.4 on or before the due date of your tax return (2½ months following the end of the tax year).

Mail Form CT-5.4 to:

NYS CORPORATION TAX
PROCESSING UNIT
PO BOX 22109
ALBANY NY 12201-2109

Private Delivery Services

The date recorded or marked by certain private delivery services, as designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance, will be treated as a postmark, and that date will be considered to be the date of delivery in determining whether your return was filed on time. (Designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need Help?* below for information on ordering forms and publications.) If you use **any** private delivery service, address your return to: **State Processing Center, 431C Broadway, Menands, NY 12204.**

Employer Identification Number, File Number and Other Identifying Information

To assist us in processing your corporation tax forms as quickly and efficiently as possible, it is important that we have the necessary identifying information from your preprinted label. **Keep a record of the label information for future use.** Please be certain to include your employer identification number and file number on each corporation tax form mailed. This will facilitate processing of your return to the correct account. Without this information, we may not be able to process your return.

If you use a paid preparer or accounting firm, make sure they use the mailing label or label information when completing all forms prepared for you.

Line Instructions

Reporting Period

If you are a calendar year filer, check the box in the upper right corner on the front of the form. If you are a fiscal year filer, complete the beginning and ending tax period boxes in the upper right corner on the front of the form.

Business Activity Code Number - Enter the business activity code number from your federal return. Please check the appropriate box for the type of code you are using. Check the box marked *NAICS* if you use the North American Industry Classification System. If you have entered a Principal Industrial Activity (PIA) or Standard Industrial Classification (SIC) code, check the box marked *Other*.

Line A - Make your payment in United States funds. A foreign check or foreign money order will only be accepted if payable through a United States Bank or if marked **Payable in U.S. Funds**.

Line 1 - To determine the properly estimated tax, enter the amount determined under (a) or (b) below. However, if your S corporation was not subject to tax for the preceding tax year, or if the preceding tax year was less than 12 months, skip (a) and use the amount determined under (b).

- (a) 100% of the franchise tax (computed after the deduction of any special additional mortgage recording tax credit) shown on your franchise tax return for the preceding year if it was a tax year of 12 months. Do not include any tax amount of a qualified subchapter S subsidiary (QSSS) that previously filed a separate franchise tax return.
- (b) Determine the estimated franchise tax (computed after the deduction of any special additional mortgage recording tax credit) for the tax year for which this extension is requested. If you are the parent of a QSSS, include all items of income, deduction, and other economic activity related to the QSSS. Multiply the estimated franchise tax by an amount not less than 90%.

Line 2 - If the total franchise tax on line 1 exceeds \$1,000, you must pay a first installment of estimated tax for the next tax year. Multiply the amount on line 1 by 25% and enter the result on line 2.

If you are not required to pay the first installment of estimated tax for the next tax year, enter "0" on line 2.

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - <http://www.tax.state.ny.us>
Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.

Composition of Prepayments — Use the following worksheet to determine the prepayments of franchise tax on line 4.

	Date Paid	Amount
Mandatory first installment		
CT-400 installments	(1)	
	(2)	
	(3)	
Credit from prior years		
Credit from Form CT-_____	Period	
Total prepayments (add all entries in amount column)		