		York State Department of Stimated Ta		orations	
Employer identification number	File no.	Return type (Required)	Tax year ending (mm-yy	nstallment due date	
Business telephone number ()	State or country of incorporation		Date	Foreign corporations: date began business in NYS	
Legal name of corporation					
Street address or PO box					
City		S	State	ZIP code	

FILING MADE EASY: File and pay electronically through Online Services at www.tax.ny.gov.

Make check or money order payable to: *New York State Corporation Tax*. Return this form with your payment to: **NYS ESTIMATED CORPORATION TAX, PO BOX 4136, BINGHAMTON NY 13902-4136.** Do not staple or clip your check or money order. Detach all check stubs.

Installment payment amount			
	Tax		
1.			
	MTA surcharge		
2.			
	Total payment enclosed		
3.			
Declaration of estimated tax			
	Tax		
4.			
	MTA surcharge		
5.			
or o	office use only		
	3. 4. 5.		