



**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.)	Payment enclosed	
	<b>A</b>	

Computation of estimated franchise tax		
1 Franchise tax (see instructions) .....		<b>1</b>
2 First installment of estimated tax for the next tax year (see instructions) .....		<b>2</b>
3 Total franchise tax and first installment (add lines 1 and 2) .....		<b>3</b>
4 Prepayments of franchise tax (from line 10 below) .....		<b>4</b>
5 Balance due (subtract line 4 from line 3 and enter here; enter the payment amount on line A above) .....		<b>5</b>

**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 .....	<b>6</b>	
7a Second installment from Form CT-400 .....	<b>7a</b>	
7b Third installment from Form CT-400 .....	<b>7b</b>	
7c Fourth installment from Form CT-400 .....	<b>7c</b>	
8 Overpayment credited from prior years (see instructions) .....	<b>8</b>	
9 Overpayment credited from Form CT-_____ Period <input type="text"/> .....	<b>9</b>	
10 Total prepayments (add all entries in Amount column) .....	<b>10</b>	

<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.

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