



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		State or country of incorporation	Date received (for Tax Department use only)	
c/o		Date of incorporation		
Number and street or PO box		Foreign corporations: date began business in NYS		
City	State	ZIP code	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.

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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