



# New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

## Test 5 – CTEF53

Blank or zero field values are not included. Fields requiring software calculations are not provided. ACH debit payment is required if test results in a balance due. Please use the two-digit codes provided to you to replace the 6th and 7th digits in each test EIN.

### Test Scenario

Extension form: CT-5.3

Liability period: 01-01-2024 – 12-31-2024

EIN: 00219XX05

Legal name: CTEF53 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 53 WA Harriman Campus Blvd, Albany, NY 12227

State of incorporation: California

Date of incorporation: 12-22-2014

Main returns filed: CT-3-A, CT-3-M

Line 1. Combined franchise tax: 145,225

Line 2. Combined fixed dollar minimum tax on taxable group member corporations: 3,575

Line 9. MTA surcharge: 44,640

### Combined filer information

Part 1- Corporations included in the combined group other than the designated agent or parent  
(missing columns are blank)

A Corporation name	B EIN	D Member FDM	F Total CT-400 payments
Sub 1	001122345	3,500	5,000
Sub 2	002233456	75	

Prepayment information begins on next page

**Part 2**

<b>Composition of prepayments</b>			
<b>Date Paid</b>		<b>A Franchise Tax</b>	<b>B MTA surcharge</b>
<b>Line 17</b>	3-15-2024	30,000	7,000
<b>Line 18a</b>	6-15-2024	30,000	7,000
<b>Line 18b</b>	9-15-2024	30,000	7,000
<b>Line 18c</b>	12-15-2024	30,000	7,000
<b>Line 21</b>		5,000	