



Department of Taxation and Finance

Mandatory First Installment (MFI) of Estimated Tax for Corporations

CT-300

For New York C corporations subject to tax under Article 9-A or Article 33, and corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only

Employer identification number	File no.	Return type (required)	Tax sub type	Tax year: beginning (mm-yy)	ending (mm-yy)
Business telephone number ()	State or country of incorporation		Date of incorporation	MFI due date	
Legal name of corporation				Foreign corporations: date began business in NYS	
Mailing name (if different from legal name above) c/o				Date received (for Tax Department use only)	
Mailing address number and street or PO Box					
City		State	ZIP code		

Filing made easy: File and pay electronically instead through *Online Services* at www.tax.ny.gov.

A. Make payable to: <i>New York State Corporation Tax.</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>)	A	Payment enclosed

Computation of MFI (see instructions, Form CT-300-I, before completing this form)

	A New York State MFI		B MTA MFI	
1 Franchise, excise, or gross receipts tax from second preceding tax year	1			
2 First installment of estimated tax for the upcoming tax year	2			
3 MTA surcharge from second preceding tax year	3			
4 First installment of estimated MTA surcharge for the upcoming tax year	4			
5 Enter the total overpayments credited from prior periods (see instructions)	5			
6 Subtotal (in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than 0)	6			
7 Total state and MTA MFI due (add line 6, columns A and B; enter here and payment amount on line A)	7			
Note: If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining (see instructions).				
8 Estimated overpayment remaining (in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than 0; see instr.)	8			

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

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

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ()	Date	
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 return	Address	City	State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN	or	Excl. code

See instructions for where to file.

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