



New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

Test 7 – CTEF59

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-5.9

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

EIN: 00219XX07

Legal name: CTEF59 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: 59 WA Harriman Campus, Albany, NY 12227

State of incorporation: NYS

Date of incorporation: 03-25-1995

Main returns: CT-184, CT-184-M

Line 1. Tax from worksheet: 45,000

Line 6. MTA surcharge from worksheet: 7,650

Composition of prepayments			
Date Paid		A Franchise Tax	B MTA surcharge
Line 12	3-15-2024	8,000	1,500
Line 13a	6-15-2024	8,000	1,500
Line 13b	9-15-2024	8,000	1,500
Line 13c	12-15-2024	8,000	1,500
Line 14		6,000	1,000