



# New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

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## Test 10B – CTEF400B

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

**Estimated tax form:** CT-400

**EIN:** 00219XX10

**Liability period:** 01-01-2025 – 12-31-2025

**Return type:** CT-3

**Legal name:** CTEF400B (Followed by a space, then your software ID)

**Telephone number:** 518-555-2626

**State or country of incorporation:** NYS

**Date of incorporation:** 7-18-2000

**Installment due date:** 06-15-2025

**Address:** 400B WA Harriman Campus, Albany, NY 12227

**Line 1. Tax:** 4,500

**Line 2. MTA surcharge:** 1,350

**Line 3. Tax:** 18,000

**Line 4. MTA surcharge:** 5,400