



# New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

## Test 26 – CTEF183M

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

**Return type:** CT-183, CT-183-M

**EIN:** 00219XX26

**Legal name:** CTEF183M (followed by a space, then your software ID)

**File number:** Software calculated

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

**Address:** 183 Harriman Campus, Albany, NY 12227

**State of incorporation:** NYS

**Date of incorporation:** 01-01-1998

**NAICS business code number:** 484110

**Principal business activity:** General freight trucking

**Federal return filed on:** 1120

### Schedule A

		<b>A</b>	<b>B</b>
<b>General transportation and transmission corporations</b>		New York State	Everywhere
<b>Line 17</b>	Accounts receivable	6,828,500	11,000,983
<b>Line 22</b>	All other assets	3,568,744	8,726,015

**Schedule B**

Line 27. Total assets: 23,622,134

Line 28. Total liabilities: 8,426,300

Line 31. Capital stock – common stock: 645,000

Line 32. Paid-in capital in excess of par or stated value: 182,650

Line 33. Retained earnings: 190,525

**Schedule C**

Line 37. Balance at beginning of year: 180,237

Line 38. Net income: 367,200

Line 45. Did this corporation purchase any of its capital stock during the year: No

**Schedule D**

A Class of stock	B Number of shares	D Amount paid in on each share	E Selling price during year	
			High	Low
Non-par-value	475	560	560	560

**Schedule E**

A Class of stock		B Value of stock on which dividends were paid	C Dividends paid
Line 57	Preferred	56,012,650	3,500,791

**Schedule F**

Line 79. Payment with extension request: 30,000

Tax credits: CT-249, CT-613

**CT-183-M**

Line 1. New York State franchise tax: 29,560

Line 5. Prepayments with Form CT-5.9: 2,000

**Schedule A**

		<b>A</b> MCTD	<b>B</b> NYS
<b>Line 16</b>	Accounts receivable	3,414,250	6,828,500
<b>Line 21</b>	All other assets	1,725,688	3,568,744

**CT-249**

Line 1. Qualified long-term care insurance premiums paid during the current tax year: 23,100

Line 4. Unused long-term care insurance credit from preceding period: 1,255

<b>Name of partnership</b>	<b>Identifying number</b>	<b>Amount of Credit</b>
Partnership 1	123456789	1,090
Partnership 2	123789456	1,091
Partnership 3	789456321	1,092
Partnership 4	654987321	1,093
Partnership 5	654987329	1,094
Partnership 6	867530921	1,095
Partnership 7	063019691	1,096
Partnership 8	633994532	1,097

**CT-613**

Enter the date of execution of the BCA: 05-01-2013

Line A. Claiming this credit as a corporate partner: Yes

Site name: Brownfield C

Site location - municipality: Syracuse

Site location – county: Onondaga

DEC region: Onondaga

DER site number: 123123456456

Date COC was issued: 01-01-2016

Mark an X in this box if you received notification from the Dept of State that the qualified site is located in a Brownfield Opportunity Area: (check this box)

Line 1. Qualified environmental remediation insurance premiums paid: 54,256

Line 4. Environmental remediation insurance credit received from a flow-through entity: 4,033

Line 6. Recapture of credit: 6,854

Name of partnership	Identifying number	Amount of Credit
Partnership 1	123456789	500
Partnership 2	123789456	501
Partnership 3	789456321	502
Partnership 4	654987321	503
Partnership 5	654987329	504
Partnership 6	867530921	505
Partnership 7	063019691	506
Partnership 8	633994532	512