



# New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

## Test 8 – CTEF59E

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-E

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

**EIN:** 00219XX08

**Legal name:** CTEF59E (followed by a space, then your software ID)

**File number:** Software calculated

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

**Address:** 59 E WA Harriman Campus, Albany, NY 12227

**State of incorporation:** NYS

**Date of incorporation:** 11-15-2009

**Line 1. Total excise tax on telecommunications services:** 15,000

**Line 4. Total MTA surcharge related to telecommunication services:** 2,550

Composition of prepayments			
Date Paid		A Franchise Tax	B MTA surcharge
Line 13	3-15-2024	2,100	350
Line 14a	6-15-2024	2,100	350
Line 14b	9-15-2024	2,100	350
Line 14c	12-15-2024	2,100	350
Line 15		75	