



New York State Department of Taxation and Finance

Corporation Tax MeF Acceptance Testing System for Tax Year 2024

Test 4 – CTEF54

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-5.4

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

EIN: 00219XX04

Legal Name: CTEF54 (followed by a space, then your software ID)

File number: Software calculated

Telephone number: 518-555-2626

Address: Bldg 8 C/O Bill Smith 54 WA Harriman Campus Dr, Albany, NY 12227

State of incorporation: NYS

Date of incorporation: 09-12-1988

Line 1 .Franchise tax: 3,000

Line 2. First installment of estimated tax for the next year: Software calculated

Composition of prepayments		
	Date Paid	Amount
Line 6	3-15-2024	600
Line 7a	6-15-2024	600
Line 7b	9-15-2024	600
Line 7c	12-15-2024	600
Line 8		500