



Department of Taxation and Finance

Mandatory First Installment (MFI) of Estimated Tax for Corporations

CT-300

(12/17)

For New York C corporations subject to tax under Article 9-A or Article 33, and corporations subject to tax under Article 9, sections 184, 184-a, 186-a, 186-c, and 186-e only

Employer identification number	File no.	Return type (required)	Tax sub type	Tax year ending (mm-yy)	MFI due date	Date received (for Tax Department use only)
Business telephone number ()	State or country of incorporation		Date	Foreign corporations: date began business in NYS		
Legal name of corporation						
Mailing name (if different from legal name above) c/o						
Mailing address number and street or PO Box						
City				State	ZIP code	

Filing made easy: File and pay electronically instead through *Online Services* at www.tax.ny.gov.

A. Make check or money order payable in U.S. funds to: New York State Corporation Tax. Attach your payment here. (Detach all check stubs; see instructions for details.)	Payment enclosed
	A

Computation of MFI (see instructions, Form CT-300-1, before completing this form)

	A New York State MFI		B MTA MFI	
1 Franchise, excise, or gross receipts tax from second preceding tax year	1			
2 First installment of estimated tax for the upcoming tax year	2			
3 MTA surcharge from second preceding tax year	3			
4 First installment of estimated MTA surcharge for the upcoming tax year	4			
5 Enter the total overpayments credited from prior periods (see instructions)	5			
6 Subtotal (in column A: subtract line 5 from line 2; in column B: subtract line 5 from line 4; do not enter less than 0)	6			
7 Total state and MTA MFI due (add line 6, columns A and B; enter here and payment amount on line A)	7			
Note: If line 7 is zero and line 5 is greater than line 2 in column A or line 4 in column B, you have overpayments in excess of the amount of MFI due. Use line 8 to compute the estimated amount of overpayment remaining (see instructions).				
8 Estimated overpayment remaining (in column A: subtract line 2 from line 5; in column B: subtract line 4 from line 5; do not enter less than 0; see instr.)	8			

Mail this form with your payment to:

NYS ESTIMATED CORPORATION TAX
PO BOX 4136
BINGHAMTON NY 13902-4136

Private delivery services

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

Certification: I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this return		Address		City	State ZIP code
	E-mail address of individual preparing this return			Preparer's NYTPRIN	or	Excl. code Date

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