



Department of Taxation and Finance

Mandatory First Installment (MFI) of Estimated Tax for Corporations

CT-300

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: beginning (mm-yy) | ending (mm-yy) |
| Business telephone number () | State or country of incorporation | | Date of incorporation | MFI due date | |
| Legal name of corporation | | | | Foreign corporations: date began business in NYS | |
| Mailing name (if different from legal name above) c/o | | | | Date received (for Tax Department use only) | |
| 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 payable to: <i>New York State Corporation Tax.</i> Enclose your payment. (<i>Detach all check stubs; see instructions for details.</i>) | A | Payment enclosed |
| | | |

Computation of MFI (see instructions, Form CT-300-I, 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 | | | |

| | | | |
|---|--|-------------------------|-----------------------------|
| 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 |

See instructions for where to file.

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