



CT-400-MN Estimated Tax for Corporations

(5/98)

Employer identification number	File number	Article	Report Type	Period ending	Industry code	Installment due date
Business telephone number ()	State or country of incorporation		Date / /	Foreign corporations: date began business in NYS		
Name						
Street address or P O box						
City			State	ZIP code		

For office use only

Instalment Payment Amount

- 1 Tax
- 2 MTA surcharge
- 3 Total payment enclosed

Declaration of Estimated Tax

- 4 Tax
- 5 MTA surcharge

Make checks payable to: *New York State Corporation Tax.*

Return this form with your payment to: **NYS ESTIMATED CORPORATION TAX, P O BOX 22109, ALBANY NY 12201-2109.**