



# New York State Authorization for Electronic Funds Withdrawal For Tax Year 2013 Corporation Tax Extensions

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: \_\_\_\_\_

## Purpose

This form is for use by EROs only. An ERO must complete this form when **both** of the following conditions are met:

- 1 the ERO is e-filing one of the following forms:
  - Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*,
  - Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both)*,
  - Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*,
  - Form CT-5.9, *Request for Three-Month Extension to File (for Article 9 tax return, MTA surcharge, or both)*, or
  - Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E*, **and**
- 2 the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

## Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

**Important:** You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does **not** satisfy the signature requirement for e-filed Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400.

**Do not mail Form TR-579.1-CT to the Tax Department.** EROs must keep this form for three years and present it to the Tax Department upon request.

### Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2013 electronic return, and I authorize the financial institution to withdraw the amount from the account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

#### Financial institution information (required if electronic payment is authorized)

- 1 Amount due with extension ..... 1. \_\_\_\_\_
- 2 Financial institution routing number..... 2. \_\_\_\_\_
- 3 Financial institution account number..... 3. \_\_\_\_\_

Signature of authorized officer of the corporation: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and title: \_\_\_\_\_