

NEW YORK CITY DEPARTMENT OF FINANCE

www.nyc.gov/Finance



SOFTWARE VENDOR TEST PACKAGE FOR

BANKING CORPORATION TAX WITH

BUSINESS TAX E-FILE

TAX YEAR 2013

VERSION 1.0

November 22, 2013

Revision History

Version	Author	Date	Change Highlights
1.0	Lawrence Sporn / Kit Ling Horne	11/22/2013	Initial Version

TEST

This package describes the New York City (NYC) Acceptance Testing System procedures for software developers participating in the NYC Business Tax e-File Program (BTeFile).

WHO MUST TEST

All software developers participating in the NYC BTeFile Program must test.

WHAT TO TEST

The tests verify that the e-file software creates a complete return, carries appropriate values from one line/form to another, formats and transmits NYC returns according to the XML specifications.

Software developers must test all the NYC Bank Tax (BCT) forms that they support. Before testing you should inform NYC which GCT forms you support by email to BTeFile@finance.nyc.gov.

TEST CASES TO SUBMIT

All vendors participating in BCT Business Tax e-File must submit the following test scenarios:

Test	Business Name	EIN	Primary Form	Associated Forms
1	RAMC BCT TC ONE	00-0000030	NYC-400B	None
2	MODE BCT TC TWO	00-0000031	NYC-EXT	None
3	FORE BCT TC THREE	00-0000033	NYC-EXT.1	None

- If you do not support one of the primary forms do not submit that test.
- Contact NYC BTeFile@finance.nyc.gov if you desire to send additional test returns not covered in this test package.

WHEN TO TEST

Testing for BCT filers is scheduled to begin November 22, 2013. To ensure adequate time for testing before the filing season, software developers should submit their initial NYC test files as soon as possible. There is no cutoff date for testing with NYC, as long as the IRS is still accepting test returns. We do not require software developers to pass federal testing before testing with NYC. Software developers may conduct federal and City testing concurrently if the IRS allows it.

TRANSMITTING TEST FILES

Software developers must transmit NYC test files through the IRS MeF system. You will get an acknowledgment from the IRS. If your test file is accepted by the IRS, NYC will retrieve your test files. If your test file is rejected by the IRS, you must correct the error and re-transmit.

You may transmit an incomplete set of test cases during testing. However, a final set of acceptable test returns must be submitted in order to be accepted into the NYC BTeFile Program.

When your test has been transmitted to the IRS, you must send an email to BteFile@Finance.nyc.gov. This email must include the test case(s) being submitted, and any deviation from the test data.

COMMUNICATING TEST RESULTS

Software Developers will be given confirmation by telephone and email from the New York City Business Tax e-File Coordinator when software has been successfully tested and approved. Only approved software may be released and distributed by the developer. NYC will make every effort to provide test results to software developers within 48 hours, Monday through Friday.

TEST ACKNOWLEDGMENT

For each submission a software developer sends through the IRS, BAC will acknowledge. The acknowledgment they receive will be either positive (ACK) or negative (NACK). The acknowledgment will be sent back to the IRS system for the vendor to pick up.

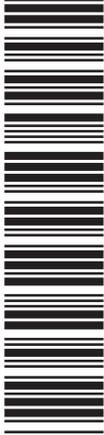
APPROVAL OF E-FILE SOFTWARE

To be accepted into the NYC Business Tax e-file program, software developers are required to successfully complete the NYC testing, in addition to completing the IRS testing. Once software developers successfully complete the NYC test, NYC will inform them by email that their e-file software has been approved for NYC BTeFile. A list of approved BTeFile software packages will be posted on NYC Department of Finance's Web site, with a link to the software Web site (if provided by the software developers).

BCT Test Case One

Begins on the next page

Taxpayer name	RAMC BCT TC ONE
EIN	00-0000030
Primary Form	NYC-400B
Associated Form(s)	None
Attachments	None



For CALENDAR YEAR 2014 or FISCAL YEAR beginning 11-01, 2013 and ending 10-31, 2014

Print or Type ▼

Name RAMC BCT TC ONE		Taxpayer's Email Address roger.rabbit@ramc.com											
In Care of Roger Rabbit		EMPLOYER IDENTIFICATION NUMBER <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">0</td> </tr> </table>		0	0	-	0	0	0	0	0	3	0
0	0			-	0	0	0	0	0	3	0		
Address (number and street) 101 Main Street													
City and State Downtown, MD	Zip Code 20601												
Business Telephone Number 703-555-1212													

COMPUTATION OF ESTIMATED TAX

		Payment Amount
A. Payment	Amount included with form - Make payable to: <i>NYC Department of Finance.....A.</i>	125,000
1.	Declaration of estimated tax for current year	500,000
2.	Estimated Payment Amount	125,000

MAILING INSTRUCTIONS

MAIL FORM TO:
 NYC DEPARTMENT OF FINANCE
 BANKING CORPORATION TAX
 P.O. BOX 3924
 NEW YORK, NY 10008-3924

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE.
 Payment must be made in U.S. dollars,
 drawn on a U.S. bank.

To receive proper credit, you must enter your
 correct Employer Identification Number on
 your declaration and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON THE REVERSE SIDE.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file an extension and pay taxes on-line.
 For more information log on to nyc.gov/nycefile

BCT Test Case Two

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Taxpayer name	MODE BCT TC TWO
EIN	00-0000031
Primary Form	NYC-EXT
Associated Form(s)	None
Attachments	None

Final Return - Check this box if you have ceased operations.

For CALENDAR YEAR 2013 or Fiscal Year beginning 11-01, 2013 and ending 10-31, 2014

PRINT OR TYPE

Name (if combined corporate filer, give name of reporting corporation)
MODE BCT TC TWO

In Care of

Unincorporated Business-Individuals Only First Name _____ Last Name _____

Business address (number and street)
301 New Street

City and State _____ Zip Code _____
Newtown, ND 58204

Business Telephone Number _____ Email Address _____
301-555-1212 joe.smith@mode.com

EMPLOYER IDENTIFICATION NUMBER

00 - 00000031

OR

SOCIAL SECURITY NUMBER
(FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)

_____ - _____ - _____

BUSINESS CODE NUMBER AS PER FEDERAL RETURN

5 2 2 1 2 0

Tax Type

Check the tax type for which this extension is being requested:

General Corporation Tax <input type="checkbox"/> (GCT - Corporation)	Banking Corporation Tax <input checked="" type="checkbox"/> (BCT - Bank)	Unincorporated Business Tax <input type="checkbox"/> (UBT - Partnership)	Unincorporated Business Tax <input type="checkbox"/> (UBT - Individual)
NYC-3L NYC-4S NYC-4S-EZ NYC-3A	NYC-1 NYC-1A	NYC-204 NYC-204EZ	NYC-202 NYC-202EIN NYC-202S

Check the box if the organization is a corporation and is the common parent of a group that intends to file a combined return. If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.

Payment Information

For payment amount, refer to the tax form for the tax that you will be filing after the extension period. Finance forms and instructions are available on line at **NYC.gov/finance**.

		Payment Amount
A. Payment	Amount included with form. Make payable to: <i>NYC Department of Finance</i>A.	425,000
1.	Current Year Estimated Tax	1,500,000
2.	If amount on line 1 exceeds \$1,000, enter 25% of line 1 (For GCT and BCT only -- for UBT leave blank)	375,000
3.	Total of lines 1 and 2	1,875,000
4.	Total payments and credits	1,450,000
5.	Balance due. Subtract line 4 from line 3	425,000

CERTIFICATION OF TAXPAYER OR OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Joe Smith _____ President _____ 12-15-2014
Signature: _____ Title (if an officer): _____ Date: _____

BCT Test Case Three

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Taxpayer name	FORE BCT TC THREE
EIN	00-0000033
Primary Form	NYC-EXT.1
Associated Form(s)	None
Attachments	None

For CALENDAR YEAR 2013 or FISCAL YEAR beginning 08-08, 2013 and ending 07-31-2014

Print or Type:

Name (if combined corporate filer, give name of reporting corporation - see instructions) FORE BCT TC THREE		TAXPAYER'S EMAIL ADDRESS	
In Care of		EMPLOYER IDENTIFICATION NUMBER	
Address (number and street) 2 Rue Street		0 0 - 0 0 0 0 0 3 3	
City and State	Zip Code	BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
Paris City, Ile-de-France, France	75799	5 2 2 1 1 0	

Check the tax type for which this extension is being requested:

General Corporation Tax (GCT) Banking Corporation Tax (BCT)

USE A SEPARATE NYC-EXT.1 FOR EACH TAX RETURN REQUIRING AN ADDITIONAL EXTENSION.

Type of return to be filed: NYC-3L NYC-3A NYC-4S NYC-4S-EZ NYC-1 NYC-1A
(check only one box)

The taxpayer named above requests an additional 3-month extension of time until 04 - 15 - 2015 to file its tax return.
MM DD YYYY

Explain in detail why an additional extension of time to file is needed.

Our accountant has been arrested and all his files are being held by the police as evidence

SCHEDULE A

This schedule should be completed by NYC combined return filers (Form NYC-3A or NYC-1A)

List name and Employer Identification Number for each member in the combined group. Attach rider for additional names.

	NAME OF MEMBER CORPORATION (EXCLUDING REPORTING CORPORATION)	EMPLOYER IDENTIFICATION NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

SIGN HERE: Signature of Officer: Coco Chanel Title: CFO Date: 01-15-2015

MAILING INSTRUCTIONS

To receive proper credit, you must enter your correct Employer Identification Number on your application.
Mail your completed application to the following address:

**NYC DEPARTMENT OF FINANCE
P.O. BOX 5060
KINGSTON, NY 12402-5060**