

CT-184 New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings

_	Final Amended Tax	Law – Article 9, S	Section 184				For	calendar year	
_ E	mployer identification number (EIN)	File number	Business teleph	one number				If you claim an overpayment,	mark
L	egal name of corporation		()		Trade name/DBA			an X in the box	(
Ν	Mailing name (if different from legal name above)				State or country of	incorporation	Date received	d (for Tax Department u	se only)
c	:/o]		
٨	lumber and street or PO box				Date of incorpora	tion			
C	City	State	ZIP code		Foreign corporation business in NYS	s: date began			
	IAICS business code number (from NYS Pub 910) IYS principal business activity	If address/phone above is new, mark an X in the box	👱 information for	or corpora an do so d	your address of ation tax, or of online. See <i>Bu</i>	her tax	Audit (for Tax	Department use only)	
tac	ch a copy of your federal return. You m	ust also file Form CT-1	183, Transportati	on and Tr	ansmission Co	rporation Fr	anchise Tax	Return on Capita	l Stock.
	the corporation organized under N					•		No [
. D	o you do business, employ capital	own or lease prope	ertv. or maintai	in an offi	ce in the				
N	letropolitan Commuter Transportat	ion District? If Yes, y	ou must file F	o <u>rm</u> CT-	184-M	<u></u>	Yes	No	
Н	ave you been audited by the IRS in	the past 5 years?	Yes No	If `	Yes, list year	s:			
<u>ą.</u>	Pay amount shown on line 14. Ma	ke payable to: New	York State C	orporat	ion Tax			Payment enclosed	
<u> </u>	Attach your payment here. Detach	•					Α		
X	Computation (see Form CT-	183/184-I, Instruct	tions for Forn	ns CT-1	83 and CT-	184)			
1	Gross earnings from line 56						1		
2	Tax rate						2		00375
3	Tax on gross earnings (multiply line	1 by line 2)				•	3		
4	Tax on certain railroad dividends	,							
5	Tax credits (see instructions)						5		
6	Total tax (subtract line 5 from approp						6		-
_	First installment of estimated ta	•					_		
7a	7 · · · · · · · · · · · · · · · · · · ·								
b	If you did not file Form CT-5.9 and					_			
8	Total (add lines 6 and 7a or 7b; foreig						8		_
9	Total prepayments from line 68								
0	Balance (if line 9 is less than line 8, see Estimated tax penalty (see instruction		*	,			10		
1	Interest on late payment (see instruction	•			, —		12		
	Late filing and late payment pena					•			
14									
5						_	15		
6									
7									
	Overpayment to be credited to Fo								
	Overpayment to be refunded (sub								
	Refund of unused tax credits (see					_	1		
	Tax credits to be credited as an o								
ch	nedule A — Mileage allocat	ion – Transpor	tation over	the ro	ad (see ins	tructions	<u> </u>		
_	3. 3					New York		B – Everywh	nere
0	Revenue miles							•	-
	Allocation percentage (divide line 20								
	percentage: enter on the appropriate				21		%		



Sc	nedule B — Corporations princi	pall	y engaged in loca	al te	lephone business			
22	Total New York State gross operating rev	/enu	e from telephone servi	ces (s	see instructions)	• 22	2	
23	One hundred percent of separately charge	ged i	nter-LATA, interstate,					·
	and international telecommunication s	ervi	ces sold to customers					
	for ultimate consumption			23				
24	Thirty percent of separately charged intra	a-LA	TA toll service					
	(including interregional calling plan ser	vice	s) sold to customers					
	for ultimate consumption		•	24				
25	Subtotal (add lines 23 and 24)					25	5	
26	Total New York State gross operating rev							
	(subtract line 25 from line 22; enter here and	d on	line 47)			26	<u>;</u>	
Sc	nedule C - Allocation of gross	ope	rating revenue fro	om t	telegraph corporati	ons	(see instructions)	
	Intrastate gross operating revenue — 10							
	ocation – Accounting rule method			- 10				
	Interstate gross operating revenue alloca	ated	to New York State •	28				
	Foreign gross operating revenue allocate							
	Total allocated interstate and foreign group				8 and 29; attach report			
	filed with New York State Public Service Cor		_			• 30	o	
			,					•
	ocation — Formula rule method		Α		В			
l In	clude only property used in connection th interstate transmission, foreign		New York State		Everywhere			
	Insmission, or both				-			
31	Average value of real property owned	31						
32	Average value of real property rented							
	(multiply the annual rent by eight)	32						
33	Average value of tangible personal							
	property owned	33						
34	Average value of tangible personal property							
	rented (multiply the annual rent by eight)	34						
35	Average value of intangible assets	35						
36	Average value of extraterrestrial property	36						
37	Total (add lines 31 through 36)	37			•			
38	Formula rule percentage (divide line 37, co	lumr	A, by column B)			• 38	3	%
	Interstate gross operating revenue • (9	
40	Foreign gross operating revenue •(× % fro	m lin	e 38) (see instructions)	• 40)	
41	Total allocated interstate and foreign gro-	ss o	perating revenue (add I	ines 3	9 and 40)	• 4	1	
42	Total intrastate, interstate, and foreign gr	oss	operating revenue (add	d lines	27 and 30, or			
	lines 27 and 41; enter here and on line 48)					42	2	
Sc	nedule D — Tax computation ba	sec	l on gross earning	gs fı	om business in Ne	w Yo	ork State	
43	Gross receipts from business and other	sour	ces (total from federal re	turn) .		• 43	3	
Gra	oss receipts from transportation and	d tr	ansmission allocate	ed to	New York State			
\		J. 41.	Gross receipts	· ·	Allocation % from line 21			
44	Trucking (see instructions)		· ·		× %	• 44	4	$\overline{}$
	Messenger service				× %	4		\dashv
	Cable television operators (see instructions				• •	. 40		+
-		,					<u>- 1</u>	



47	Total I	New York gross operating revenue of a local to	elephone business subject to	tax (from line 26)	47		
48		raph services from line 42					
49	_	transportation (see instructions)		-			
		ad transportation (see instructions)			-		
		eipts from other sources					
51	Renta	Il income from use of property within New Yor	k State (see instructions)		51		
		st and dividends from New York State source					
53	Capita	al gains from sale or exchange of property with	thin New York State (see instru	ctions) •	53		
	-	I gains from sale or exchange of securities if the gain		54			
		receipts from all other sources within New Yo			$\overline{}$		
56	Total o	gross earnings allocated to New York State (a	d on line 1) •	56			
57	Name	e E — Annual tax on dividends — If to another railroad, complete the of corporation to whom leased:	e following items for the c	calendar year c	overed		
58		int of capital stock on which dividends were p			58		
59		amount of dividends paid during the period c			59		
		end rate percent, per annum (divide line 59 by lin			60		
		int of dividends paid in excess of 4% (.04) div			61		
62	lax or	n dividends (multiply line 61 by 4.5% (.045); enter	here and on line 4)		62		
		F - Composition of prepayments		Date pa	aid	Section	184 amount
63	Mand	atory first installment		63			
64a	Secor	nd installment from Form CT-400	64a				
		Third installment from Form CT-400					
		n installment from Form CT-400	64c				
	-	ent with extension request, from Form CT-5.9	65				
		payment credited from prior year					
	-	payment credited from Form CT-184-M Period			_		
	-	prepayments (add lines 63 through 67; enter here					
		of credits claimed on line 5 against cutach the form(s); see instructions for lines 5 at		(mark an X in the	e box(e	s) indicatir	ng the form(s)
CT-40		CT-41 • CT-43 • CT-243 • CT-612 • CT-613 • CT-631 •	CT-249 • ☐ CT-259 • ☐				CT-611 •
69	Total t	tax credits above that are refund eligible (see i	instructions)		• 69		
Thir	d – pa	rty Yes No Designee's name (print)			Des	ignee's phone	e number
	signe	Designee's e-mail address					
•	nstructio	*				PIN	
Certi	ficatio	n: I certify that this return and any attachmen				orrect, and	complete.
Auth	orized			Officia	il title		
	son	E-mail address of authorized person		Date			
-				()			
		F' 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	II ·	EIN	1 -		1 0001
	aid	Firm's name (or yours if self-employed)	Firm's	s EIN	Pr	reparer's PTIN	l or SSN
pre	oarer		dress	S EIN City	Pr	reparer's PTIN	I or SSN ZIP code
prep u o							

See instructions for where to file.

