

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

	Final Amended return	Tax Law – Article 9	, Section 184		For calendar year 2019
1	Employer identification number (EIN)	File number	Business telephone numbe	r	If you claim an overpayment, mark an X in the box
Ī	egal name of corporation			Trade name/DBA	
Γ	Aailing name (if different from legal name above)			State or country of incorporation	Date received (for Tax Department use only)
- F	:/o				
ľ	lumber and street or PO box			Date of incorporation	
(Dity	State	ZIP code	Foreign corporations: date bega business in NYS	n
	IAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box	If you need to update information for corpor	your address or phone	Audit (for Tax Department use only)
Ī	IYS principal business activity		types, you can do so information in Form C	online. See Business	
\tta	ch a copy of your federal return. You m	ust also file Form CT-1	83 , Transportation and T	ransmission Corporation	Franchise Tax Return on Capital Stock
- 19	the corporation organized under N	lew York State Trans	portation Corporation	is Law?	Yes No
	o you do business, employ capital,				
	letropolitan Commuter Transportati ave you been audited by the IRS ir			·184-M Yes, list years:	Yes No
		· ·			Doumont enclosed
A.	Pay amount shown on line 14. Ma Attach your payment here. Detach	ike payable to: New 1 1 all check stubs. (See	ork State Corporat	ion lax	Payment enclosed
Гах	Computation (see Form CT-	,		,	
1	Gross earnings from line 56				. • 1
2	Tax rate				
3	Tax on gross earnings (multiply line				
4	Tax on certain railroad dividends (
5	Tax credits (see instructions)	,			
6	Total tax (subtract line 5 from approp				
	, , ,		'		•
7a					
7b					
8					
9	Total prepayments from line 68				. • 9
0a	Underpayment (subtract line 9 from	line 6)			. • 10a
0b	Additional amount for 2020 MFI (s	ee instructions)			. • 10b
0c	Increased balance due (add lines 1	0a and 10b)		·····	. • 10c
11	Estimated tax penalty (see instructi	ons; mark an X in the b	ox if Form CT-222 is att	ached) • 🗌	. • 11
12	Interest on late payment (see instru	uctions)			. • 12
13	Late filing and late payment penal	ties (see instructions)			. • 13
14	Balance due (add lines 10c through 1				
5a					
5b	Amount previously credited to 202	20 MFI (see instructions	5)		• 15b
5c	Overpayment (subtract line 15b from	n line 15a)			• 15c
16	Overpayment to be credited to the				
17	Balance of overpayment (subtract	line 16 from line 15c)			. • 17
18	Overpayment to be credited to Fo	rm CT-184-M			. • 18
9a	Overpayment to be refunded (sub	tract line 18 from line 17)		. 1 9a
9b	Refund of unused tax credits (see	instructions)			. 1 9b
9c	Tax credits to be credited as an ov	verpayment to the net	xt tax period (see inst	ructions)	190



							A – New Yo	rk State	B — Everyw	here
	Revenue miles					• 20			•	
21	Allocation percentage (divide line 20, colur									
	percentage; enter on the appropriate line of	lule D)			• 21		%	6		
Sc	hedule B – Corporations princip	ally e	engaged i	n local t	elep	ohone bu	siness			
	Total New York State gross operating rev		-		s (se	e instructions	;) •	22		
23	One hundred percent of separately charge	-								
	and international telecommunication s	ervices	s sold to cus	tomers						
	for ultimate consumption				23			-		
24	Thirty percent of separately charged intra									
	(including interregional calling plan set									
	for ultimate consumption									
	Subtotal (add lines 23 and 24)							25		
26	Total New York State gross operating rev			-		-				
	(subtract line 25 from line 22; enter here ar	nd on lir	ne 47)					26		
Sc	hedule C – Allocation of gross o	pera	ting rever	nue from	tel	egraph c	orporation	S (see i	instructions)	
27	Intrastate gross operating revenue - 10	0% of	New York St	tate receip	ts			27		
	ocation – Accounting rule method			_						
28	Interstate gross operating revenue allocation	ated to	New York S	tate •	28					
29	Foreign gross operating revenue allocate	ed to N	lew York Sta	ite•	29					
30	Total allocated interstate and foreign gro	ss ope	rating reven	ue (add line	es 28	and 29; attac	h report			
	filed with New York State Public Service Co.	mmissi	on)					30		
	action Formula mula mathed	_								
	clude only property used in connection		A			I	В			
wi	th interstate transmission, foreign		New Yo	rk State		Every	where			
tra	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								
	Average value of tangible personal property									
34		34								
34	rented (multiply the annual rent by eight)	34								
	rented (multiply the annual rent by eight) Average value of intangible assets	35								
35		35						-		
35 36	Average value of intangible assets	35 36			•			-		
35 36 37	Average value of intangible assets Average value of extraterrestrial property	35 36 37	7, column A, I	by column B)			38		9
35 36 37 38	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37	7, column A, I	by column E	•		e 38 (see instr.) •			%
35 36 37 38 39	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37	7, column A, I	1)	% from lin		39		9
35 36 37 38 39 40	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37 e line 3		×		% from lin % from lin	e 38 (see instr.) e e 38 (see instr.) e	39 40		9/
35 36 37 38 39 40 41	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37 e line 3 ss ope	rating reven	× × ue (add line	es 39	% from lin % from lin and 40)	e 38 (see instr.) e e 38 (see instr.) e	39 40		9
35 36 37 38 39 40 41	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36) Formula rule allocation percentage (divid Interstate gross operating revenue • Foreign gross operating revenue • Total allocated interstate and foreign gro	35 36 37 e line 3 ss ope	rating reven perating reve	v v ue (add line ue (add line	es 39 nes 2	% from lin % from lin and 40) 7 and 30, or	e 38 (see instr.) ● e 38 (see instr.) ●	39 40		%
35 36 37 38 39 40 41 42	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37 e line 3 ss ope	erating reven	× × ue (add line nue (add line	es 39 nes 2	% from lin % from lin and 40) 7 and 30, or	e 38 e 38 (see instr.) ● e 38 (see instr.) ●	39 40 41 42	itate	9
35 36 37 38 39 40 41 42 SC	Average value of intangible assets Average value of extraterrestrial property Total (add lines 31 through 36)	35 36 37 e line 3 ss ope oss op	erating reven perating reve n gross e	× vue (add line nue (add line arnings	es 39 nes 2 fror	% from lin % from lin and 40) 7 and 30, or n busine	e 38 (see instr.) • (see instr.) • ss in New	39 40 41 42 York S	itate	9

		Gross receipts	Allocation % from line 21			
44	Trucking (see instructions)		× %	•	44	
45	Messenger service		× %	•	45	
46	Cable television operators (see instructions)				46	



47	Total New York gross operating revenue of a local telephone business subject to tax (from line 26)	47	
48	Telegraph services from line 42	48	
49	Water transportation (see instructions)	49	
50	Railroad transportation (see instructions)	50	
Gros	ss receipts from other sources		
51	Rental income from use of property within New York State (see instructions)	51	
52	Interest and dividends from New York State sources (see instructions)	52	
53	Capital gains from sale or exchange of property within New York State (see instructions)	53	
54	Capital gains from sale or exchange of securities if the gains are allocated to New York State (see instructions)	54	
55	Gross receipts from all other sources within New York State (see instructions)	55	
56	Total gross earnings allocated to New York State (add lines 44 through 55; enter here and on line 1)	56	

Schedule E – Annual tax on dividends – If this is a railroad not operated by steam, whose property is leased to another railroad, complete the following items for the calendar year covered by this return.

57	Name	of corporation to whom leased:					
58	Amou	nt of capital stock on which dividends were paid		58			
59	Total a	mount of dividends paid during the period covered by this return		59			
60	Divide	nd rate percent, per annum (divide line 59 by line 58)		60			
61	Amou	nt of dividends paid in excess of 4% (.04) dividend rate			61		
62 Tax on dividends (multiply line 61 by 4.5% (.045); enter here and on line 4)							
Sch	edule	F – Composition of prepayments (see instructions)		Date pai	d S	ection 1	84 amount
63	Manda	atory first installment from Form CT-300 due by 3/15/2019 (see instructions	s) 63				
64a	Secon	d installment from Form CT-400	. 64a				
64b	Third i	nstallment from Form CT-400	64b				
64c	Fourth	installment from Form CT-400	. 64c				
65	Payme	ent with extension request, from Form CT-5.9, line 5	. 65				
66	Overp	ayment credited from prior year (see instructions)			66		
67	Overp	ayment credited from Form CT-184-M Period			67		
68	Total p	repayments (add lines 63 through 67; enter here and on line 9)			68		
Have New Y	you be	ach the form(s); see instructions for lines 5 and 69) een convicted of an offense, or are you an owner of an entity convicted o ate Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark CT-41• CT-43• CT-243• CT-41• CT-43• CT-243• CT-249• CT-612• CT-613• CT-631• CT-637• DTF	k an X in o CT-501	ne box)	CT-611 ●		CT-611.1 •
69	Total t	ax credits above that are refund eligible (see instructions)		•			
de	d – par signee	Designee's email address			(e's phone) PIN	number
1		i: I certify that this return and any attachments are to the best of my kno	wledne a	nd helief tru			mnlete
	incutio	Printed name of authorized person Signature of authorized person	meage a	Official t		., and oc	
Auth	orized						
pei	rson	Email address of authorized person	Telephone number			Date	
P	aid	Firm's name (or yours if self-employed)	m's EIN		Prepa	rer's PTIN	or SSN
	parer	Signature of individual preparing this return Address		City	St	ate	ZIP code
-	ISE			5			
1	nly instr.)	Email address of individual preparing this return	parer's NYT	PRIN or	Excl. code	Date	

See instructions for where to file.

