NEW YORK STATE 2020

CT-183

Department of Taxation and Finance

Transportation and Transmission Corporation Franchise Tax Return on Capital Stock

Tax Law – Article 9, Section 183

Final return ☐   Amended return ☐

For calendar year 2020

Employer identification number (EIN)	File number	Business telephone number ( )		If you claim an overpayment, mark an **X** in the box ☐
Legal name of corporation			Trade name/DBA	
Mailing address			State or country of incorporation	
Care of (c/o)				
Number and street or PO box			Date of incorporation	**Foreign corporations:** date began business in NYS
City U.S. state/Canadian province ZIP/Postal code		Country (if not United States)	For office use only	
NAICS business code number (from **NYS Pub 910**)	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.			
NYS principal business activity				

Federal return filed (mark an **X** in one): Form 1120 ☐   Form 1120S ☐   Consolidated basis ☐   Other: _____ ☐

Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? *(mark an **X** in the appropriate box)* If *Yes*, you must file Form CT-183-M *(see instructions)* ...... Yes ☐   No ☐

With the exception of non-local telephone companies, every taxpayer required to file Form CT-183 must also file Form CT-184.

A. Pay amount shown on line 11. Make payable to: **New York State Corporation Tax**
◀ Attach your payment here. Detach all check stubs. *(See instructions for details.)*   **A** | Payment enclosed |

Tax computation *(see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)*

1	Tax on allocated issued capital stock from line 56 .... ●	**1**	
2	Tax based on dividend rate, from line 75 or line 78, whichever applies .... ●	**2**	
3	Minimum tax	**3**	75 00
4	Tax *(amount from line 1, 2, or 3, whichever is largest)* .... ●	**4**	
5	Tax credits *(see instructions)* .... ●	**5**	
6	Total tax after credits *(subtract line 5 from line 4)* .... ◼	**6**	
7	Total prepayments from line 82 .... ●	**7**	
8	Balance *(if line 7 is less than line 6, subtract line 7 from line 6; otherwise, enter 0)*	**8**	
9	Interest on late payment *(see instructions)* .... ●	**9**	
10	Late filing and late payment penalties *(see instructions)* .... ●	**10**	
11	Balance due *(add lines 8, 9, and 10 and enter here; enter the payment amount on line A above)* .... ◼	**11**	
12	Overpayment *(if line 6 is less than line 7, subtract line 6 from line 7; otherwise, enter 0)*	**12**	
13	Overpayment to be credited to the next period .... ◼	**13**	
14	Balance of overpayment *(subtract line 13 from line 12)* .... ●	**14**	
15	Overpayment to be credited to Form CT-183-M .... ●	**15**	
16a	Overpayment to be refunded *(subtract line 15 from line 14)* .... ◼	**16a**	
16b	Refund of unused tax credits *(see instructions)* .... ◼	**16b**	
16c	Refundable tax credits to be credited as an overpayment to the next tax period *(see instructions)* ◼	**16c**	

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Schedule A – Allocation percentage *(if no allocation is claimed, enter 100 on line 24 or 26; see instructions)*

Part 1 – General transportation and transmission corporations		Average value for the year 2020	
		A New York State	**B** Everywhere
17 Accounts receivable	17		
18 Shares of stock of other companies owned *(attach list showing corporate name, shares held, and actual value)*	18		
19 Bonds, loans, and other securities, other than U.S. obligations	19		
20 Leaseholds	20		
21 Real estate owned	21		
22 All other assets (except cash and investments in U.S. obligations)	22		
23 Total *(add lines 17 through 22)* ●	23		●
24 Allocation percentage *(divide line 23, column A, by column B)* ●	24	%	

Part 2 – Corporations operating vessels not exclusively engaged in foreign commerce *(see instructions)*		**A** New York State territorial waters	**B** Everywhere
25 Aggregate number of working days	25		
26 Allocation percentage *(divide line 25, column A, by column B)* ●	26	%	

Schedule B – Assets and liabilities *(see instructions)*

As of December 31, 2020

27 Total assets ●	27	
28 Total liabilities ●	28	
29 Net worth *(subtract line 28 from line 27; enter here and on line 53)* ●	29	
30 Capital stock – preferred stock	30	
31 Capital stock – common stock	31	
32 Paid-in capital in excess of par or stated value	32	
33 Retained earnings (appropriated or unappropriated)	33	
34 Add lines 28, 30, 31, 32, and 33	34	
35 Cost of treasury stock	35	
36 Total liabilities and capital *(subtract line 35 from line 34)* ●	36	

Schedule C – Reconciliation of retained earnings *(see instructions)*

37 Balance at beginning of year	37		
38 Net income *(attach profit and loss statement)*	38		
39 Other additions *(explain)*	39		
40 Total *(add lines 37, 38, and 39)*		40	
41 Dividends ●	41		
42 Other deductions *(explain)*	42		
43 Total dividends and other deductions *(add lines 41 and 42)*		43	
44 Balance at end of year *(subtract line 43 from line 40)*		44	

45 Did this corporation purchase any of its capital stock during the year? Yes ● ☐ No ● ☐

If *Yes,* attach a separate sheet showing number and kinds of shares, consideration received for the issuances of the shares, and purchase price of each share.

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Schedule D – Computation of tax based on the net value of issued capital stock *(see instructions)*

A Class of stock	B Number of shares as of Dec. 31, 2020	C Par value	D Amount paid in on each share	E Selling price during year		F Average selling price	G Net value *(column B × column F)*
				High	Low		
Common							
Preferred							
No-par-value							
46 Total						Total net value **46**	

47 Multiply line 46, column B, by the net value per share of stock outstanding at the end of the year, but not less than $5.00 per share **47**

48 Taxable base *(multiply line 47 by line 24 or 26)* **48**

49 Tax *(multiply line 48 by .0015 (1½ mills))* **49**

50 Total net value of issued capital stock *(from line 46, column G)* **50**

51 Taxable base *(multiply line 50 by line 24 or 26)* **51**

52 Tax *(multiply line 51 by .0015 (1½ mills))* **52**

53 Net worth from line 29 .... **53**

54 Taxable base *(multiply line 53 by line 24 or 26)* **54**

55 Tax *(multiply line 54 by .0015 (1½ mills))* **55**

56 Tax on allocated issued capital stock *(amount from line 49, 52, or 55, whichever is largest; enter here and on line 1)* **56**

Schedule E – Computation of tax if dividend rate is 6% or more on some or all classes of capital stock

Local telephone companies with no more than 1 million access lines in New York State: do not complete Schedule E. All other corporations **except** those operating vessels in foreign commerce complete Parts 1 and 2. Corporations operating vessels in foreign commerce complete Parts 3 and 4.

Part 1 – Tax rate computation based on dividends paid during the year

A Class of stock	B Value of stock on which dividends were paid *(see instructions)*	C Dividends paid	D Dividend rate *(C ÷ B)*	E Tax rate computation – If column D is 6% or more, multiply each percent (including fractions of a percent) in column D by .000375 (⅜ of a mill). When multiplying, do not convert the percentage amount in column D to a decimal.
57 Common			%	Enter tax rate here:
58 Preferred			%	Enter tax rate here:
59 No-par-value			%	Enter tax rate here:
60 Total				

Part 2 – Tax computation *(see instructions)*

61 Par value common stock *(from line 57, column B)* **61**

62 Taxable base *(multiply line 61 by line 24)* **62**

63 Tax *(multiply line 62 by line 57, column E)* **63**

64 Par value preferred stock *(from line 58, column B)* **64**

65 Taxable base *(multiply line 64 by line 24)* **65**

66 Tax *(multiply line 65 by line 58, column E)* **66**

67 Amount paid in on no-par-value stocks *(from line 59, column B)* **67**

68 Taxable base *(multiply line 67 by line 24)* **68**

69 Tax *(multiply line 68 by line 59, column E)* **69**

70 Total value of stockholders' equity **70**

71 Capital subject to tax on dividends *(add lines 61, 64, and 67)* **71**

72 Capital not previously taxed *(subtract line 71 from line 70)* **72**

73 Taxable base *(multiply line 72 by line 24)* **73**

74 Tax *(multiply line 73 by .0015 (1½ mills))* **74**

75 Tax on allocated issued capital stock using dividend rates *(add lines 63, 66, 69, and 74; enter here and on line 2)* **75**

Part 3 – Tax rate computation based on dividends paid during the year *(see instructions)*

	A Paid-in capital	**B** Dividends paid	**C** Dividend rate *(B ÷ A)*	**D** Tax rate computation – If column C is 6% or more, multiply the percent (including fractions of a percent) in column C by .000375 (⅜ of a mill). When multiplying, do not convert the percentage amount in column C to a decimal.
76			%	Enter tax rate here:

Part 4 – Tax computation *(see instructions)*

77 Taxable base *(multiply line 76, column A, by line 26)*	**77**	
78 Tax *(multiply line 77 by line 76, column D; enter here and on line 2)*	**78**	

Schedule F – Composition of prepayments on line 7 *(see instructions)*

		Section 183 amount
79 Payment with extension request, from Form CT-5.9, line 5 .... **79**		
80 Overpayment credited from prior year.. **80**		
81 Overpayment credited from Form CT-183-M **81**		
82 Total prepayments *(add lines 79, 80, and 81; enter here and on line 7)* **82**		

Summary of credits claimed on line 5 against current year's franchise tax *(mark an **X** in the box(es) indicating the form(s) filed, and attach the form(s); see instructions for lines 5 and 83)*

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in
New York State Penal Law Article 200 or 496, or section 195.20? *(see Form CT-1; mark an **X** in one box)* .... Yes ☐   No ☐

CT-40 ☐   CT-41 ☐   CT-43 ☐   CT-249 ☐   CT-501 ☐   CT-611 ☐   CT-611.1 ☐

CT-611.2 ☐   CT-612 ☐   CT-613 ☐   CT-631 ☐   CT-637 ☐   DTF-630 ☐   Other credits: _____ ☐

83 Total tax credits above that are refund eligible *(see instructions)*..................................... **83**		

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*	Designee's phone number ( )
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person		Official title	
	Email address of authorized person		Telephone number ( )	Date	
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*		Firm's EIN	Preparer's PTIN or SSN	
	Signature of individual preparing this return	Address	City	State	ZIP code
	Email address of individual preparing this return		Preparer's NYTPRIN or Excl. code	Date	

See instructions for where to file.