

New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Capital Stock

Tax Law — Article 9, Section 183

return Amended return					For cal	endar year 20
Employer identification number	File number	Business telephone r	number			If you claim an overpayment, mark an X in the box
Legal name of corporation	_		Trade name/DB/	A		
Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for Tax	Department use only)
c/o						
Number and street or PO box			Date of incorpor	ation		
City	State	ZIP code	Foreign corporati business in NYS			
NAICS business code number (from federal return) Principal business activity	If address above is new, mark an <i>X</i> in the box	or owner/officer info file Form DTF-95. If you may file Form D	yer identification num rmation has changed only your address ha prF-96. You can get the by phone, or by fax. So	I, you must as changed, nese forms	Audit (for Tax Dep.	artment use only)
deral return filed (mark an X in one	e): Form 1120	Form 1120S	Consolidate	ed basis	Other: _	
						Yes ■ No
nsportation District? (mark an X ir h the exception of non-local teleph. Pay amount shown on line 11. N	n the appropriate box) hone companies, ever Make payable to: New	If Yes, you must fil ry taxpayer require York State Corpo	le Form CT-183-ld to file Form CT	M (see instru	also file Form	
nsportation District? (mark an X in the exception of non-local teleph. Pay amount shown on line 11. Mark Attach your payment here. Deta	n the appropriate box) hone companies, ever Make payable to: New ich all check stubs. (S	If Yes, you must fil ry taxpayer require York State Corpo see instructions for de	le Form CT-183-ld to file Form CT Tation Tax tails.)	M (see instru	uctions) also file Form	n CT-184.
nsportation District? (mark an X in the exception of non-local teleph. Pay amount shown on line 11. Mattach your payment here. Details computation (see Form CT-18)	the appropriate box) hone companies, ever Make payable to: New ich all check stubs. (Si 83/184-I, Instructions	If Yes, you must fill ry taxpayer require York State Corpo ee instructions for de for Forms CT-183	le Form CT-183-ld to file Form CT ration Tax tails.) and CT-184)	M (see instru	also file Form Pay	n CT-184.
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Scl	hedule A — Allocation percentage/issuer's allocation perce	entage	(if no	allocation is claimed, enter	100	on line 24 or 26; see instructions)	
				Average va	alue 1	for the year 2006	
Par	t 1 — General transportation and transmission corporations			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.				
	Allocation percentage (divide line 23, column A, by column B)						
Par	t 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.				
	Allocation percentage (divide line 25, column A, by column B)				%		
	hedule B — Assets and liabilities					As of December 31, 2006	
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.		
Sc.	hedule C — Reconciliation of retained earnings						
	Balance at beginning of year	37.					
	Net income (attach profit and loss statement)						
	Other additions (explain)						
55	Otter additions (explain)						
40					40.		
_	Dividends				40.		
	Other deductions (explain)						
42							
12	Total dividends and other deductions (add lines 41 and 42)				43.		
					_		
	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 If <i>Yes</i> , attach a separate sheet showing number and kinds of shatthe shares, and purchase price of each share.		Yes ● onside		e iss	suances of	

75.

Sch	nedule D — (Computation of	tay hasad o	n the net value	of ice	116	d canita	l eto	ck		
A Class of stock		B Number of shares as of	C Par value	D Amount paid in on each share	Selling	E Selling price during ye			F Average selling		G Net value (column B × column F)
		Dec. 31, 2006			High	1	Lo	w	price		
	Common			-						-	
	Preferred									-	
	No-par-value										
	Total					_		lota	l net value	46.	<u>. M</u>
47		, column B, by the n									
		of the year, but not		-						-	
		(multiply line 47 by l				3.					
49		ne 48 by .0015 (1½ n								49.	. 1
		e of issued capital								_	
51		(multiply line 50 by l				-					
		ne 51 by .0015 (1½ n								52.	. 1
		n line 29				_				-	
		(multiply line 53 by l	,								
		ne 54 by .0015 (1½ n								55.	-
56		ed issued capital s	,				-				
		d on line 1) Computation of								56.	
Par	F	Cocal telephone of Schedule E. All of Parts 1 and 2. Cocomputation bas	ther corporat orporations o	ions except tho perating vessels	se ope s in fore	ra eig	ting vess n comme	els in erce c	foreign c	omr	ate: do not complete merce complete is 3 and 4.
	Α	В		С	, , , , , , , , , , , , , , , , , , ,	,	D				E
	Class of stock	Value of stock on whi dividends	ch	Dividends paid			vidend rate C ÷ B)	each p	percent (inclu 10375 (3/8 of a	ding (mill)	If column D is 6% or more, multiply fractions of a percent) in column D . When multiplying, do not convert
	0	were paid					0/				ount in column D to a decimal.
	Common						%		er tax rate l		
	Preferred						%		er tax rate l		
	No-par-value						%	Ente	er tax rate l	nere):
	Total		, ,								
		putation (see instr			0.4	$\overline{}$					
		nmon stock (from lii								-	
		(multiply line 61 by line				<u>. </u>				-	
63		ne 62 by line 57, colu								63.	• 1
	-	ferred stock (from li				_				-	
		(multiply line 64 by li				٠. [00	
66		ne 65 by line 58, colu								66.	. []
	-	in on no-par-value				_				-	
		(multiply line 67 by l				5.				00	
69	ıax (multiply lii	ne 68 by line 59, colu	ımn Ŀ)							69.	• I ⁻ I

74 Tax (multiply line 73 by .0015 (1½ mills))
 75 Tax on allocated issued capital stock using dividend rates (add lines 63, 66, 69, and 74; enter here

Part 3 — Ta	x rate computation	based on dividends paid	during the year (se	e instructions)					
	A Paid-in capital	B Dividends paid	Dividend rate	multiply the percent (ir column C by .000375 (%	Tax rate computation — If column C is 6% or more, multiply the percent (including fractions of a percent) in column C by .000375 (% of a mill). When multiplying, do no convert the percentage amount in column C to a decimal.				
76. •				% Enter tax rate here:					
	x computation			T					
		column A, by line 26) column D; enter here and on li							
10 Tax (IIII	nupiy iirie 77 by iirie 70, (column D, emer nere and on n	ne z)	70.					
Schedule	F — Composition	of prepayments on line	e 7 (see instructions)					
					Section 183 amount				
-	·	est, from Form CT-5.9, line							
		orior year							
•	•	Form CT-183-M 79, 80, and 81; enter here and							
		on line 5 against curre instructions for lines 5 and		se tax (mark an X in the	e box(es) indicating the form(s) CT-259				
CT-611 ●	CT-612 ●	CT-613 ◆	CT-631 ●	DTF-630 ●	Other credits •				
83 Total ta	x credits above that a	re refund eligible (see instru	uctions)	• 83.					
Third –	Do you want to allow a	nother person to discuss this r	eturn with the Tax Dept	? (see instructions) Yes	(complete the following) No				
party designee	Designee's name	Desig (nee's phone number)	Personal id number (P	dentification [IIN]				
Certificatio	n: I certify that this re	turn and any attachments a	are to the best of my	knowledge and belief tru	e, correct, and complete.				
Signature of a	uthorized person	,	Offici	al title	Date				
Signatur Address	e of individual preparing this	s return Firm's n	ame (or yours if self-employed	d)	ı				
Address		City	State ZIP cod	e ID number	Date				

See instructions for where to file.