

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 ca	lendar year 2016
E	mployer identification number (EIN)	File number	Business telephone number			If you claim an overpayment, mark an X in the box
L	egal name of corporation			Trade name/DBA		
Ν	Nailing name (if different from legal name above)			State or country of incorporation	Date received (for	Tax Department use only)
	/o lumber and street or PO box			Date of incorporation	_	
C	City	State	ZIP code	Foreign corporations: date began business in NYS		
	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 corpora types, you can do so c <i>information</i> in Form C	ation tax, or other tax online. See <i>Business</i>	Audit (for Tax Dep	artment use only)
Attac	h a copy of your federal return. You r	nust also file Form CT-18	B3 , Transportation and Tr	ransmission Corporation I	ranchise Tax Re	turn on Capital Stock.
	the corporation organized under	•	•		Yes	No
Μ	o you do business, employ capital letropolitan Commuter Transporta ave you been audited by the IRS	tion District? If Yes, yo	u must file Form CT-		Yes	No
	Pay amount shown on line 14. Ma				Pay	ment enclosed
	Attach your payment here. Detac	h all check stubs. (See	instructions for details.)	Α	
	Computation (see Form C7					
-	Gross earnings from line 56				• 1	
2	Tax rate					.00375
3 4	Tax on gross earnings <i>(multiply lin</i>) Tax on certain railroad dividends	• /				
4 5	Tax credits (see instructions)	, ,				
6	Total tax (subtract line 5 from appro-					
7a 7b 8	Mandatory first installment					
9	Total prepayments from line 68				• 9	
10	Balance (if line 9 is less than line 6,		,			
11	Estimated tax penalty (see instruc			,	• 11	
12		,			• 12	
	Late filing and late payment pena					
14	Balance due (add lines 10 through 1					
15 16	Overpayment (if line 6 is less than I Overpayment to be credited to th					
17	Balance of overpayment (subtract					
18	Overpayment to be credited to Fe					
19a	Overpayment to be refunded (sub					
	Refund of unused tax credits (see	e instructions)			19b	
19c	Tax credits to be credited as an o	overpayment to the nex	xt tax period (see instr	uctions)	19c	
Sch	edule A – Mileage allocati	on – Transportat	ion over the road	d (see instructions)		

			A – New York State	B — Everywhere
20	Revenue miles	20		•
21	Allocation percentage (divide line 20, column A, by column B, and express as a			
	percentage; enter on the appropriate line of Schedule D)	21	%	



Sc	hedule B – Corporations principally engaged in local	tele	ephone business		
22	Total New York State gross operating revenue from telephone service	es (see instructions)	22	
23	One hundred percent of separately charged inter-LATA, interstate, and international telecommunication services sold to customers for ultimate consumption	23			
24	Thirty percent of separately charged intra-LATA toll service (including interregional calling plan services) sold to customers for ultimate consumption	24			
25	Subtotal (add lines 23 and 24)			25	
26	Total New York State gross operating revenue of a local telephone b (subtract line 25 from line 22; enter here and on line 47)		-	26	
Sc	hedule C – Allocation of gross operating revenue from	n te	elegraph corporation	s (se	ee instructions)

		(000 1101100	,
27	Intrastate gross operating revenue — 100% of New York State receipts	27	

Allocation – Accounting rule method

28	Interstate gross operating revenue allocated to New York State	28				
29	Foreign gross operating revenue allocated to New York State	29				
30	Total allocated interstate and foreign gross operating revenue (add lines 28 and 29; attach report					
	filed with New York State Public Service Commission)				30	

Allocation – Formula rule method						
Include only property used in connection with interstate transmission, foreign transmission, or both		A New York State	B Everywhere			
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 allocation percentage (divid	e line	37, column A, by column B)	•	38		%
39 Interstate gross operating revenue		×	% from line 38 (see instr.) •	39		
40 Foreign gross operating revenue		×	% from line 38 (see instr.)	40		
41 Total allocated interstate and foreign gro	ss op	perating revenue (add lines	s 39 and 40)	41		\square
42 Total intrastate, interstate, and foreign gr	oss o	operating revenue (add lin	es 27 and 30, or			\neg
lines 27 and 41; enter here and on line 48)				42		
Schedule D – Tax computation bas	ed	on gross earnings f	rom business in New	York	State	

Gross receipts from transportation and transmission allocated to New York State

		Gross receipts	Alloc	ation % 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	7
48	Telegraph services from line 42	48	3
49	Water transportation (see instructions)	49	9
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	1
52	Interest and dividends from New York State sources (see instructions)	52	2
53	Capital gains from sale or exchange of property within New York State (see instructions)	53	3
54	Capital gains from sale or exchange of securities if the gains are allocated to New York State (see instructions)	54	1
55	Gross receipts from all other sources within New York State (see instructions)	55	5
56	Total gross earnings allocated to New York State (add lines 44 through 55; enter here and on line 1)	56	6

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	Amount of capital stock on which dividends were paid	58				
59	Total amount of dividends paid during the period covered by this return	59				
60	Dividend rate percent, per annum (divide line 59 by line 58)			60		\square
61	Amount 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)			62		
Sch	edule F – Composition of prepayments (see instructions)		Date pai	d	Section 184 amou	ınt
63	Mandatory first installment	63				\top
64a	Second installment from Form CT-400	64a				
64b	Third installment from Form CT-400	64b				\top
64c	Fourth installment from Form CT-400	64c				
65	Payment with extension request, from Form CT-5.9, line 5	65				
66	Overpayment credited from prior year			66		
67	Overpayment credited from Form CT-184-M Period			67		
68	Total prepayments (add lines 63 through 67; enter here and on line 9)			68		\square
	mary of credits claimed on line 5 against current year's franchise ta and attach the form(s); see instructions for lines 5 and 69)	x (marl	k an X in the	e box(es) indicating the for	m(s)
Have New	you been convicted of an offense, or are you an owner of an entity convicted of a York State Penal Law Article 200 or 496, or section 195.20? (<i>see Form CT-1; mark a</i>	an offer an X in c	ise, defined ne box)	in	Yes 🚺 No	5 🗌
CT-4	0 ● CT-41 ● CT-43 ● CT-243 ● CT-249 ● CT-259 ●	Ст-	501•	CT-6	11 • CT-611.1	•
CT-6	11.2 • CT-612 • CT-613 • CT-631 • CT-637 • DTF-6	630 •	Other c	redits	:	•

69 Total tax credits above that are refund eligible (see instructions) • 69 Designee's phone number Designee's name (print) Third – party Yes No designee Designee's e-mail address (see instructions) PIN Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. Official title Printed name of authorized person Signature of authorized person Authorized person E-mail address of authorized person Date Telephone number) Firm's EIN Firm's name (or yours if self-employed) Preparer's PTIN or SSN Paid preparer ZIP code Signature of individual preparing this return Address City State use only E-mail address of individual preparing this return Preparer's NYTPRIN or Excl. code Date (see instr.)

See instructions for where to file.

