

## Transportation and Transmission Corporation Franchise Tax Return on Capital Stock Tax Law - Article 9, Section 183

	Final Amended return						For	calendar year 2025
E	Employer identification number (EIN)	File number	Busii	ness telephone numbe	r			If you claim an overpayment, mark an <b>X</b> in the box
Ī	egal name of corporation	•	,	,	Trade name/DBA			
N	Mailing address				State or country of i	ncorporation		
(	Care of (c/o)							
1	Number and street or PO Box				Date of incorporatio	n	Foreign corpor	ations: date began business in NYS
(	City U.S. state/Canadian prov	ince ZIP/Postal cod	de	Country (if not United	d States)		For office use	only
		ou need to upo corporation tax	, or onli		s, you can d	o so		
Do у Гran	eral return filed (mark an X in one box):  you do business, employ capital, own or asportation District? (mark an X in the apt the exception of non-local telephone contains the exception of non-local teleph	lease property, o	or mai Yes,	you must file F	orm CT-183-N	olitan Con	ructions)	Yes No
<b>A</b> .	Pay amount shown on line 11. Make pa Attach your payment here. Detach all of	ayable to: <b>New Y</b> check stubs. <i>(</i> See	ork S instru	State Corporate ctions for details	<b>ion Tax</b> .)		Α	Payment enclosed
Гах	calculation (see Form CT-183/184-I,	Instructions for F	orms	CT-183 and C	T-184)		,	·
1	Tax on allocated issued capital stock from	om line 56					1	
2	Tax based on dividend rate, from line 7	5 or line 78, which	heve	r 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	ct line 7 from line 6	; othe	wise, enter <b>0</b> )			8	
9	Interest on late payment (see instructions	s)				•	9	
10	Late filing and late payment penalties (	see instructions)				•	10	
	Balance due (add lines 8, 9, and 10 and e.							
12	Overpayment (if line 6 is less than line 7, s	subtract line 6 from	line 7	; otherwise, ente	r <b>0</b> )		12	
13	Overpayment to be credited to the next	period					13	
	Balance of overpayment (subtract line 13						14	
15	Overpayment to be credited to Form C	T-183-M				•	15	
	Overpayment to be refunded (subtract li							
	Refund of unused tax credits (see instru						16b	
6с	Refundable tax credits to be credited a	s an overpaymer	nt to t	he next tax per	iod (see instruc	tions)	16c	

chedule A – Allocation percentage (if no allocation is claimed, enter	<b>100</b> o	n line	24 or 26; see instructions	;)		
	Average value for the year 2025					
art 1 – General transportation and transmission corporations			<b>A</b> New York State		<b>B</b> Everywhere	
7 Accounts receivable		17				
8 Shares of stock of other companies owned (attach list						
showing corporate name, shares held, and actual value)		18				
<b>9</b> Bonds, loans, and other securities, other than U.S. obligations		19				
20 Leaseholds		20		П		
1 Real estate owned	-	21		П		
22 All other assets (except cash and investments in U.S. obligations)		22		П		
Total (add lines 17 through 22)		23			•	
Allocation percentage (divide line 23, column A, by column B)		24		%		
art 2 - Corporations operating vessels not exclusively engaged in foreign commerce (see instructions)			A New York State territorial waters		<b>B</b> Everywhere	
25 Aggregate number of working days		25				
Allocation percentage (divide line 25, column A, by column B)		26		%		
chedule B – Assets and liabilities (see instructions)					As of December 31, 2025	
7 Total assets			•	27		
8 Total liabilities			F	28		
9 Net worth (subtract line 28 from line 27; enter here and on line 53)				29		
O Capital stock – preferred stock				30		
1 Capital stock – common stock				31		
2 Paid-in capital in excess of par or stated value			_	32		
3 Retained earnings (appropriated or unappropriated)				33		
34 Add lines 28, 30, 31, 32, and 33			_	34		
55 Cost of treasury stock				35		
66 Total liabilities and capital (subtract line 35 from line 34)				36		
chedule C – Reconciliation of retained earnings (see instructi	ia ma l					
7 Balance at beginning of year						
Net income (attach profit and loss statement)						
9 Other additions (explain)						
0 Tabel (add lines 07 00 and 00)	39			40		
10 Total (add lines 37, 38, and 39)				40		
1 Dividends						
2 Other deductions (explain)						
12. Total dividends and other deductions (add lines 41 and 42)	42			43		
· · · · · · · · · · · · · · · · · · ·	Total dividends and other deductions (add lines 41 and 42)					
Balance at end of year (subtract line 43 from line 40)				44		
I5 Did this corporation purchase any of its capital stock during the year If Yes, attach a separate sheet showing number and kinds of shather the shares, and purchase price of each share.				e iss	uances of	



	Α	В	С	D		Е			(see ins	=		-	G		_
	Class of stock	Number of shares as of Dec. 31, 2025	Par value	Amount paid in on each share	Sellii Hig		during ye	ear  ow		rage ling ice		(colu	Net value umn B × col		
Со	mmon				-										Γ
Pre	eferred														T
No	-par-value														Г
46	Total							Tota	l net val	ue	46				T
47	Multiply line 46	, column B, by the ne	et value per	r share of stock outstar	nding						,	•			
		•	-	0 per share	- 1	47									
48		•		6)		48									
49	Tax (multiply lin	ne 48 by .0015 (1½ n	nills))	·····		·					49				Г
50	Total net value	e of issued capital	stock (fron	m line 46, column G)		50					·				
51	Taxable base	(multiply line 50 by li	ine 24 or 26	6)		51									
52	Tax (multiply lin	ne 51 by .0015 (1½ n	nills))								52				
53	Net worth from	m line 29				53									
54	Taxable base	(multiply line 53 by li	ine 24 or 26	6)		54									
55	Tax (multiply lin	ne 54 by .0015 (1½ n	nills))							•	55				
56	Tax on allocat	ted issued capital s	stock <i>(amo</i>	ount from line 49, 52, or	55, whic	hever i	s larges	st;							
	enter here an	d on line 1)									56				
	L	ocai telephone co		with no more than										ete	
	S	chedule E. All oth	ner corpo	rations <b>except</b> tho	se ope	raung	VC330		lorcigii	CO	1111116	0	<b>4</b> '		
	S P	arts 1 and 2. Cor	poration	s operating vessels	s in for	eign c	omme	erce c	omplet	e P	arts	3 and 4	4. '		
Par	S P t 1 – Tax rate	arts 1 and 2. Corcalculation based	poration	s operating vessels ends paid during th	s in for	eign c	omme	erce c	omplet	e P	arts	3 and 4	4. '		_
Par	S P t 1 – Tax rate	calculation based B	poration on divid	s operating vessels ends paid during the	s in for	eign c	omme	erce c	omplet	e P	arts	3 and 4	4.	re multin	lv
Par	S P t 1 - Tax rate of Class of	arts 1 and 2. Corcalculation based	poration on divid	s operating vessels ends paid during th	s in for	eign c  Divid	omme end e	Tax r	ompleto	e P	arts - If c	3 and 4	4. s 6% or mo		
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Part 3 – Ta	ax rate calculation bas	sed on dividends pa		ar (see instruc	ctions)		D	
	Paid-in capital	Dividends paid		nd rate ÷ A)		rcent (includ 1375 (% of a	f column C is 6' ding fractions o a mill). When m ount in column	f a percent) in ultiplying, do no
76					Enter tax rate			
Part 4 – Ta	ax calculation (see insti	ructions)						
77 Taxab	le base (multiply line 76,	column A, by line 26)				.• 77		
	nultiply line 77 by line 76, o							
Schedule	F – Composition o	f prepayments on	line 7 (see instr	uctions)				
							Section 18	3 amount
	ent with extension requ							
-	ayment credited from p ayment credited from F	-						
	orepayments <i>(add lines 7</i>							
filed, and a Have you l	y of credits claimed attach the form(s); see if the convicted of an of the convicted of the con	instructions for lines t fense, or are you an	5 <i>and</i> 83) owner of an entity	convicted of	f an offense, d	efined in		
CT-612 •		CT-631 ◆ ☐	CT-637 ●			her credit		•
83 Total t	ax credits above that a	re refund eligible (see	instructions)			.• 83		
Third - p		Designee's name (print)					Designee's phon ( )	e number
(see instruct	ions)						PIN	
Certificati	on: I certify that this ret				wledge and be	lief true, o	correct, and c	complete.
Authorized person		<u> </u>	Signature of authori	zed person	Ţelephone nu		Date	
Deid	Firm's name (or yours if self-	employed)		Fir	m's EIN		Preparer's PTI	N or SSN
Paid preparer	, ,							
use	Signature of individual prepared	paring this return	Address		Cir	У	State	ZIP code
only (see instr.)	Email address of individual	preparing this return		Prep	parer's NYTPRIN	or Exc	cl. code Date	

See instructions for where to file.

