Test 26–CTEF183M

Blank or zero field values are not included. Fields requiring software calculations are not provided. Automated clearing house debit payment is required if test results in a balance due. Please use the two-digit codes provided to you to replace the 6th and 7th digits in each test employer identification number.

Test Scenario

Return type: CT-183, CT-183-M

Employer Identification Number: 00219XX26

Legal name: CTEF183M (followed by a space, then your software ID

File number: Software calculated

Telephone number: 518-555-2626

Address: 183 Harriman Campus, Albany, NY 12227

State of incorporation: New York State

Date of incorporation: 01-01-1999

North American Industry Classification System business code number: 484110

Principal business activity: General freight trucking

Federal return filed on: 1120

Schedule A

General transportation and transmission corporations		A New York State	B Everywhere
Line 17	Accounts receivable	6,750,000	10,500,000
Line 22	All other assets	3,750,000	9,000,000

Schedule B

Line 27. Total assets: 25,000,000

Line 28. Total liabilities: 8,750,000

Line 31. Capital stock–common stock: 650,000

Line 32. Paid-in capital in excess of par or stated value: 175,000

Line 33. Retained earnings: 225,000

Schedule C

Line 37. Balance at beginning of year: 190,000

Line 38. Net income: 375,000

Line 45. Did this corporation purchase any of its capital stock during the year: No

Schedule D

A Class of stock	B Number of shares	D Amount paid in on each share	E Selling price during year	
			High	Low
Non-par-value	500	575	575	575

Schedule E

A Class of stock		B Value of stock on which dividends were paid	C Dividends paid
Line 57	Preferred	55,000,000	3,500,000

Schedule F

Line 79. Payment with extension request: 25,000

Tax credits: CT-249, CT-613

CT-183-M

Line 1. New York State franchise tax: 29,454

Line 5. Prepayments with Form CT-5.9: 2,500

Schedule A

		A Metropolitan Commuter Transportation District	B New York State
Line 16	Accounts receivable	3,500,000	7,000,000
Line 21	All other assets	1,750,000	3,500,000

CT-249

Line 1. Qualified long-term care insurance premiums paid during the current tax year: 25,000

Line 4. Unused long-term care insurance credit from preceding period: 1,500

Line 6. Tax due before credits: 87,882

Name of partnership	Identifying number	Amount of Credit
Partnership 1	123456789	1,100
Partnership 2	123789456	1,101
Partnership 3	789456321	1,102
Partnership 4	654987321	1,103
Partnership 5	654987329	1,104
Partnership 6	867530921	1,105
Partnership 7	063019691	1,106
Partnership 8	633994532	1,107
Partnership 9	634345678	1,108

CT-613

Enter the date of execution of the Brownfield Cleanup Agreement: 05-01-2014

Line A. Claiming this credit as a corporate partner: Yes

Site name: Brownfield C

Site location - municipality: Syracuse

Site location–county: Onondaga

Department of Environmental Conservation region: Onondaga

Division of Environmental Remediation site number: 123123456456

Date Certificate of Completion was issued: 01-01-2017

Mark an X in this box if you received notification from the Dept of State that the qualified site is located in a Brownfield Opportunity Area: (check this box)

Line 1. Qualified environmental remediation insurance premiums paid: 55,000

Line 4. Environmental remediation insurance credit received from a flow-through entity: 4,500

Line 6. Recapture of credit: 7,000

Line 8. Tax due before credits: 87,882

Name of partnership	Identifying number	Amount of Credit
Partnership 1	123456789	500
Partnership 2	123789456	500
Partnership 3	789456321	500
Partnership 4	654987321	500
Partnership 5	654987329	500
Partnership 6	867530921	500
Partnership 7	063019691	500
Partnership 8	633994532	500
Partnership 9	634345678	500