		Staple forms here				
$\overline{\mathbf{a}}$	CT-184 Transport	ation and Finance	ransmissi	on Co	orporatio	on
	Franchise	Tax Return	n on Gross	Earn	ings	
	Final Amended Tax Law — Article 9				· calendar year	2007
_	mployer identification number File number	r Business telephone numbe	er		If you claim an	
		()			overpayment, m an X in the box	
L	egal name of corporation	·	Trade name/DBA			
L						
Ν	ailing name (if different from legal name above)		State or country of incorporation	Date receive	d (for Tax Department us	e only)
	0		Data at in some souther	_		
r	umber and street or PO box		Date of incorporation			
	ity State	ZID aada	Foreign corporations: date began			
	ty State	ZIP code	business in NYS			
	AICS business code number (from federal return) If address above	If your name, employer in	lentification number, address	s Audit (for Tax	Department use only)	
	is new, mark an <i>X</i> in the box	or owner/officer informati	on has changed, you must f	ile		
F	rincipal business activity		r address has changed, you ou can get these forms from			
		our Web site, by phone, out the instructions.	or by fax. See Need help? in			
Attac	h a copy of your federal return. You must also file Form CT		ansmission Corporation F	ranchise Tax	Return on Capital S	Stock.
	the corporation organized under New York State Trar		,		No	
	o you do business, employ capital, own or lease prop					_
	etropolitan Commuter Transportation District? If Yes,			Yes	No	
— Н	ave you been audited by the IRS in the past 5 years?	Yes No If	Yes, list years:			
A.	Pay amount shown on line 14. Make payable to: New	v York State Corporati	on Tax		Payment enclosed	_
	Attach your payment here. Detach all check stubs. (S			Α.		
Тах	Computation (see Form CT-183/184-I, Instruction		· · · · · ·			
1	Gross earnings from line 56					
2	Tax rate				.(00375
3	Tax on gross earnings (multiply line 1 by line 2)					
4	Tax on certain railroad dividends (from line 62)					
5	Tax credits (see instructions)					
6	Total tax (subtract line 5 from appropriate tax on line 3 or First installment of estimated tax for the next per			6.		
72	If you filed an application for extension, enter amoun		a 2	. 72		
	If you did not file Form CT-5.9 and line 6 is over \$1,0					
8	Total (add lines 6 and 7a or 7b; foreign authorized corpora					
9	Total prepayments from line 68					
10	Balance (if line 9 is less than line 8, subtract line 9 from lin					
11	Penalty for underpayment of estimated tax (mark an X in					
12	Interest on late payment (see instructions)			• 12.		
13	Late filing and late payment penalties (see instructions	s)		• 13.		
14	Balance due (add lines 10 through 13 and enter here; enter	r the payment amount on lii	ne A above)	14.		
15	Overpayment (if line 8 is less than line 9, subtract line 8 f					
16	Overpayment to be credited to the next period					
17	Balance of overpayment (subtract line 16 from line 15) .					
18	Overpayment to be credited to Form CT-184-M					
19a	Overpayment to be refunded (subtract line 18 from line					
19b	Refund of unused tax credits (see instructions)					
	Tax credits to be credited as an overpayment to the					
Sch	edule A — Mileage allocation — Transpo	ortation over the ro		,		
			A — New Y	York State	B — Everywh	ere

			A — New York State		D — 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; see Data entry conventions in the instructions)	21.	%		

Sc	Schedule B — Corporations principally engaged in local telephone business						
22	Total New York State gross operating revenue from telephone service	es (se	e 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		usines	ss subject to tax	26.			

Schedule C — Allocation of gross operating revenue from telegraph corporations (see instructions)

27	27 Intrastate gross operating revenue — 100% of New York State receipts						
Alle	ocation — 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 30.

filed with New York State Public Service Commission)	•	L
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In wi	Decation — Formula rule method Clude only property used in connection th interstate transmission, foreign ansmission, 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 percentage (divide line 37, co	olumn	A, by column B)		•	3	8.	%
39	Interstate gross operating revenue •(× % from li	ne 38	3) (see instructions) •	3	Э.	
40	Foreign gross operating revenue •(× % from li	ne 38	3) (see instructions) •	4	D.	
41	Total allocated interstate and foreign gros	ss op	perating revenue (add lines	39 an	• • • • • • • • • • • • • • • • • • •	4	1.	
42	Total intrastate, interstate, and foreign gr	oss c	perating revenue (add line	s 27 a	and 30, or			
	lines 27 and 41; enter here and on line 48)					4	2.	
Sc	hedule D — Tax computation ba	sed	on gross earnings	from	n business in New	Y	ork State	

Gross receipts from transportation and transmission allocated to New York State

		Gross receipts	Allocation % from line 21			
44	Trucking (see instructions)	>	<u>‹</u> %	•	44.	
	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	•
48	Telegraph services from line 42	48	-
49	Water transportation (see instructions)	49	-
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	-
52	Interest and dividends from New York State sources (see instructions)	52	-
53	Capital gains from sale or exchange of property within New York State (see instructions)	53	-
54	Capital gains from sale or exchange of securities if the gains are allocated to New York State (see instructions)	54	-
55	Gross receipts from all other sources within New York State (see instructions)	55	
56	Total gross earnings allocated to New York State (add lines 44 through 55; enter here and on line 1)	56	•

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 period beginning January 1, 2007, and ending December 31, 2007.

57 Name of corporation to whom leased:	
58 Amount of capital stock on which dividends were p	aid 58.
59 Total amount of dividends paid during the period co	vered by this return 59.
60 Dividend rate percent, per annum (divide line 59 by la	ne 58) 60.
61 Amount of dividends paid in excess of 4% (.04) div	dend rate 61.
62 Tax on dividends (multiply line 61 by 4.5% (.045); enter	here and on line 4)

filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 CT-259 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 69 Total tax credits above that are refund eligible (see instructions)	Sch	edule F — Composition of prepayments (see instructions)		Date paic	8	Section 184 amount
64a Second installment from Form CT-400 64a. 64b Third installment from Form CT-400 64b. 64c Fourth installment from Form CT-400 64b. 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 68 Total prepayments (add lines 63 through 67; enter here and on line 9) 68. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-243 CT-611 CT-612 CT-613 CT-243 CT-249 CT-259 69 Total tax credits above that are refund eligible (see instructions) • 69. • 69 Total tax credits above that are refund eligible (see instructions) Personal identification number (PIN) • 69. Party designee Designee's name Designee's phone number (PIN) Personal identification number (PIN)	63	Mandatory first installment	63.			
64b Fourth installment from Form CT-400 64b. 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 68 Total prepayments (add lines 63 through 67; enter here and on line 9) 68. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 69 Total tax credits above that are refund eligible (see instructions) 69. 69. 69. Third - party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the following) No [Personal identification number (PIN) Designee's name Personal identification number (PIN)						
65 Payment with extension request, from Form CT-5.9, line 5						
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. 68. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 0 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 0 69 Total tax credits above that are refund eligible (see instructions) 69. 69. 69. Third – party designee Designee's name Designee's phone number Personal identification number (PIN)	64c	Fourth installment from Form CT-400	64c.			
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. 68. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 0 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 0 69 Total tax credits above that are refund eligible (see instructions) 69. 69. 69. Third – party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the following) No [65	Payment with extension request, from Form CT-5.9, line 5	65.			
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. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) 67. CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 0 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 0 69 Total tax credits above that are refund eligible (see instructions)					66.	
68 Total prepayments (add lines 63 through 67; enter here and on line 9) 68. Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits 69 Total tax credits above that are refund eligible (see instructions) • 69. Third – party designee Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the following) No [personal identification number (PIN)]	67	Overpayment credited from Form CT-184-M Period			67.	
Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form filed, and attach the form(s); see instructions for lines 5 and 69) CT-40 CT-41 CT-43 CT-243 CT-249 CT-259 Image: CT-259 Image: CT-611 CT-612 CT-613 CT-631 DTF-630 Other credits Image: CT-612 Image: CT-613 Image: CT-631 Image: CT-630 Image: CT-249 Image: CT-249 Image: CT-259 Image: CT-259 Image: CT-259 Image: CT-259 Image: CT-611 Image: CT-612 Image: CT-613 Image: CT-631 Image: CT-630 Image: CT-259 Image: CT-612 Image: CT-613 Image: CT-631 Image: CT-259 Image: CT						
party designee Designee's name Designee's phone number (Personal identification number (PIN)	CT-61	11 ● CT-612 ● CT-613 ● CT-631 ●	DTF-6	30 •	Othe	
designee Designee's hame Designee's phone humber () number (PIN)			e instructio	ns) Yes	(com	plete the following) No
Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete		Designee's name Designee's priore number				on
Signature of authorized person		fication: I certify that this return and any attachments are to the best of my know		nd belief true	e, corre	

Sign	ature of authorized person			Onicial lille		Date
eparer only	Signature of individual preparing this return		Firm's name (or yours if self-en	nployed)		
Paid pr use (Address	City	State ZI	P code	ID number	Date

See instructions for where to file.

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