CT-184 New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings

	Final Amended Tax Law -	- Article 9, Section 184				For calendar year 2014					
E	mployer identification number (EIN)	File number	Busines	s telephone numbe	r			If you claim an overpayment, mark			
			()				an X in the box			
L	egal name of corporation				Trade name,	/DBA					
ı	Mailing name (if different from legal name above)				State or cour	ntry of incorporation	Date receive	ed (for Tax Department use only)			
	c/o				Data of lands		4				
ľ	lumber and street or PO box				Date of inco	rporation					
(City	State	ZIP code		Foreign corpo business in N	rations: date began YS					
1	VAICS business code number (from NYS Pub 910) If addres above is		lf vou n	and to undata	VOUE oddro	oo or phono	Audit (for Ta	x Department use only)			
	mark an	X in the box	」informa	need to update ation for corpor	rátion tax, c	or other tax					
1	IYS principal business activity		informa	you can do so ation in Form C	online. See T-1.	Business					
	ch a copy of your federal return. You must also							x Return on Capital Stock.			
- Is	the corporation organized under New Yor	k State Trans	portatio	n Corporatio	ns Law?		Yes	No L			
	o you do business, employ capital, own or							-			
	Metropolitan Commuter Transportation Dist						Yes	No L			
	ave you been audited by the IRS in the pa				Yes, list y	ears:					
A.	Pay amount shown on line 14. Make paya Attach your payment here. Detach all che	able to: New eck stubs. <i>(</i> Se	York St a e instruct	ate Corpora tions for details	tion Tax s.)		A -	Payment enclosed			
ax	Computation (see Form CT-183/18	•			<u> </u>		Α	l l			
1	Gross earnings from line 56						1				
2	Tax rate						2	.00375			
3	Tax on gross earnings (multiply line 1 by line	e 2)					3				
4	Tax on certain railroad dividends (from line	e 62)					4				
5	Tax credits (see instructions)						5				
6	Total tax (subtract line 5 from appropriate tax	on line 3 or lin	e 4)				6				
	First installment of estimated tax for the	ne next perio	d:								
7a	If you filed an application for extension, e	enter amount	from Fo	rm CT-5.9, lir	ne 2	•	7a				
7b	If you did not file Form CT-5.9 and line 6	is over \$1,00	0, see in	structions			7b				
8	Total (add lines 6 and 7a or 7b; foreign author	,		,			8				
9	Total prepayments from line 68						9				
10	Balance (if line 9 is less than line 8, subtract li	ine 9 from line	8; otherw	rise, enter 0)		<u></u>	10				
11	Estimated tax penalty (see instructions; mail	rk an X in the b	ox if Forr	n CT-222 is att	ached) •		11				
12	Interest on late payment (see instructions)						12				
13	Late filing and late payment penalties (see										
14	Balance due (add lines 10 through 13 and ente	er here; enter th	ne paymei	nt amount on lir	ne A above)		14				
15	Overpayment (if line 8 is less than line 9, sub	tract line 8 fror	n line 9; d	otherwise, ente	er 0)		15				
16	Overpayment to be credited to the next p	period				I					
17	Balance of overpayment (subtract line 16 fr										
18	Overpayment to be credited to Form CT-										
9a	Overpayment to be refunded (subtract line		•								
	Refund of unused tax credits (see instruction										
	Tax credits to be credited as an overpayr										
ich	nedule A — Mileage allocation —	Transport	tation	over the ro	oad (see						
	_					A — New Yo	ork State	B — Everywhere			
	Revenue miles				• 20			T			
21	Allocation percentage (divide line 20, column										
	percentage; enter on the appropriate line of S	Schedule D)			● 21		%				

%
$\overline{}$
-+



47	Total N	New York gross operating revenue of a local telephone business subject to	tax (fro	om line 26) • 47	,			_
		aph services from line 42		3				
	_	transportation (see instructions))				
		ad transportation (see instructions)						_
		eipts from other sources						_
		income from use of property within New York State (see instructions)		• 51				
		st and dividends from New York State sources (see instructions)						-
		Il gains from sale or exchange of property within New York State (see instru						_
		gains from sale or exchange of securities if the gains are allocated to New York State						-
		receipts from all other sources within New York State (see instructions)			_			-
		pross earnings allocated to New York State (add lines 44 through 55; enter here and			_			-
	TOTAL C	1055 earnings anocated to New Tork State ladd lines 44 tillough 55, enter here and	u on iine	1)	<u>' </u>			_
Sche	edule	E — Annual tax on dividends — If this is a railroad not open						
		to another railroad, complete the following items for the	Jaienic	iai yeai cove	red by	แทร เษเ	urri.	_
		of corporation to whom leased:			1			_
		nt of capital stock on which dividends were paid			_			_
		mount of dividends paid during the period covered by this return)			
60	Divide	nd rate percent, per annum (divide line 59 by line 58)		60)			
61	Amou	nt of dividends paid in excess of 4% (.04) dividend rate		61				
62	Tax or	dividends (multiply line 61 by 4.5% (.045); enter here and on line 4)		62	2			
Cala	ماريام	Composition of proportion of the control of the con		Data noid	So	otion 10	4 amount	-
		F — Composition of prepayments (see instructions)		Date paid	360	CHOII 10	4 amount	_
		atory first installment	63					_
		d installment from Form CT-400	64a 64b					_
		nstallment from Form CT-400					_	
		installment from Form CT-400	64c					
		ent with extension request, from Form CT-5.9, line 5	65					
		ayment credited from prior year		6	6			
67	Overp	ayment credited from Form CT-184-M Period		6	67			
		prepayments (add lines 63 through 67; enter here and on line 9)			8			
		of credits claimed on line 5 against current year's franchise tax	K (mark	an X in the bo	x(es) ind	dicating t	the form(s)	
filed, a	and att	ach the form(s); see instructions for lines 5 and 69)						
Have	you be	een convicted of an offense, or are you an owner of an entity convicted of	an offe	ense, defined in	1		, –	
New \	ork St	ate Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark a	an X in d	one box)		Yes ●	No ●	_
			1		_	_		
CT-40	•	CT-41 •	CT-	-501 ●	-502 •	CT-	-611 • 🔲	
	_			_				
CT-61	1.1 • L	CT-612 ● CT-613 ● CT-631 ● CT-637 ● DTF-63	30 ∙∟	Other cred	its • 📖			
69	Total t	ax credits above that are refund eligible (see instructions)			69			_
	l – pai				Designee'	s phone nu	umber	
	signe	Designee's e-mail address						_
•	struction					PIN		_
Certif	icatio	n: I certify that this return and any attachments are to the best of my know	/ledge			t, and co	mplete.	_
Δutho	norized	Printed name of authorized person Signature of authorized person	Official title					
per		E-mail address of authorized person	none number		Date		-	
			()	1-			_
	nid	Firm's name (or yours if self-employed)	s EIN		Prepare	r's PTIN or	SSN	
prep		Signature of individual preparing this return Address	City	State ZIP code				
use only		E-mail address of individual preparing this return	oparor's NVTDDIN	П	Data		_	
	instr.)	E-mail address of individual preparing this return	Pr	eparer's NYTPRIN		Date		

See instructions for where to file.

