CT-184     New York State Department of Taxation and Finance     Transportation and Transmission Corporation     Final     Amended     Tax Law – Article 9, Section 184     For calendar year 2     Final     Amended     Tax Law – Article 9, Section 184     For calendar year 2     Final     Amended     Tax Law – Article 9, Section 184     For calendar year 2     Final     Amended     Amended     Tax Law – Article 9, Section 184     For calendar year 2     Final     Amended     Amended     Amended     Final     Tax Law – Article 9, Section 184     For calendar year 2     Final     Amended     Amendeded     Amendeded     Amended     A	r 2010
Final     Amended     Tax Law – Article 9, Section 184     For calendar year     Tax Law – Article 9, Section 184     For calendar year     Final     Tax Law – Article 9, Section 184     For calendar year     For calendar year     ()     Trade name/DBA     Trade name/DBA     Trade name/DBA     Mailing name of corporation     Trade name/DBA     Trax Department use     for on CT-1     Trade name/DBA     Mailing name of corporation tax, or other tax     mark an X in the box     mark an X in the	r 2010
Final       Amended return       Tax Law – Article 9, Section 184       For calendar year 2         Employer identification number       File number       Business telephone number       If you claim an overpayment, m an X in the box         Legal name of corporation       Trade name/DBA       If you claim an overpayment, m an X in the box         Mailing name (if different from legal name above)       State or country of incorporation       Date of incorporation         City       State       ZIP code       Foreign corporations: date began business in NYS         NAICS business code number (tom lederal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation fax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital - Is the corporation organized under New York State Transportation Carporations Law?       Yes       No         - Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         - Have you been audited by the IRS in the past 5 years?       Yes       No       If Yes, list years:         - Have you been audited by the IRS in the past 5. See instructions for detai	n mark .xx use only) al Stock.
Employer identification number       If you claim an with the box         Legal name of corporation       Trade name/DBA         Mailing name (if different from legal name above)       State or country of incorporation       Date received (for Tax Department use of corporation and street or PO box         Number and street or PO box       Date of incorporation       Date of incorporation in business in NYS         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation for corporation for do so online. Visit our Web site at work, mark an X in the box       Audit (for Tax Department use only)         Principal business activity       If address/phone above is new, mark an X in the box       If you need to update your address or phone information in Form CT-184.       Audit (for Tax Department use only)         Principal business activity       If address/phone above is new, mark an X in the box       If you need to update your address or phone information in Form CT-184.       Audit (for Tax Department use only)         Principal business activity       If address/phone above is new, mark an X in the box       If address/phone above is new, mark an X in the box       If address information in Form CT-184.         - Is the corporation organized under New York State Transportation Corporations Law?       Yes       No       No         - Do you do business, employ capital, own or lease property, or mainitai an office in the Metropolitan Commute	n mark .xx use only) al Stock.
Legal name of corporation       It address/phone above       It address/phone above       State or country of incorporation in corporation       Date received (for Tax Department use of incorporation above)         C/O       Number and street or PO box       Date of incorporation       Date of incorporation       Date of incorporation         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation fraction tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital.       No         — Is the corporation organized under New York State Transportation Corporations: Law?       Yes       No         — Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         — Have you been audited by the IRS in the past 5 years?       Yes       No       If Yes, list years:       Pay amount shown on line 14. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)       A.       Payment enclosed         4 Attach your payment here. Detach all check stubs. (See instructions for details.) <td>al Stock.</td>	al Stock.
Mailing name (if different from legal name above)       State or country of incorporation       Date received (for Tax Department use         o/o       Number and street or PO box       Date of incorporation       Date of incorporation         City       State       ZIP code       Foreign corporations: date began business in NYS         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Principal business activity       If address/phone above is new, mark an X in the box       If you need to update your address or phone information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         A tach a copy of your federal return. You must also file Form CT-183, Transportation Corporations Law?       Yes       No         -       Is the corporation organized under New York State Transportation Corporations Law?       Yes       No         -       Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         -	al Stock.
c/o       Date of incorporation         Number and street or PO box       Date of incorporation         City       State       ZIP code         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax types, you cad os so nine. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital to prom CT-1.       No         — Is the corporation organized under New York State Transportation Corporations Law?       Yes       No         — Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         — Have you been audited by the IRS in the past 5 years? Yes       No       If Yes, list years:       Payment enclosed         Attach your payment here. Detach all check stubs. (See instructions for details.)       A.       A.         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       1.         1       Gross earnings from line 56.       1.	al Stock.
c/o       Date of incorporation         Number and street or PO box       Date of incorporation         City       State       ZIP code         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax types, you cad os so nine. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital to prom CT-1.       No         — Is the corporation organized under New York State Transportation Corporations Law?       Yes       No         — Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         — Have you been audited by the IRS in the past 5 years? Yes       No       If Yes, list years:       Payment enclosed         Attach your payment here. Detach all check stubs. (See instructions for details.)       A.       A.         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       1.         1       Gross earnings from line 56.       1.	al Stock.
Number and street or PO box       Date of incorporation         City       State       ZIP code         Foreign corporations: date began business in NYS       Foreign corporations: date began business in NYS         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation Corporations Law?       Yes         - Is the corporation organized under New York State Transportation Corporations Law?       Yes         - Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes         - Have you been audited by the IRS in the past 5 years? Yes       No       If Yes, list years:         - Pay amount shown on line 14. Make payable to: New York State Corporation Tax       Payment enclosed         - Attach your payment here. Detach all check stubs. (See instructions for details.)       A.         - Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       1.         - Gross earnings from line 56.	al Stock.
City       State       ZIP code       Foreign corporations: date began business in NYS         NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone above is new, mark an X in the box       Audit (for Tax Department use only)         Principal business activity       If you need to update your address or phone above is new, mark an X in the box       If you need to update your address or phone above is new, mark an X in the box       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital www.nystax.gov and bo business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         A Have you been audited by the IRS in the past 5 years? Yes       No       If Yes, list years:       Payment enclosed         Attach your payment here. Detach all check stubs. (See instructions for details.)       A.       Payment enclosed         I Gross earnings from line 56.       1.       1       Instructions for Forms CT-183 and CT-184-N	al Stock.
NAICS business code number (from federal return)       If address/phone above is new, mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at wow.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital work.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.       Audit (for Tax Department use only)         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital work.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital work.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation Corporations Law?       Yes       No         - Is the corporation organized under New York State Transportation Corporations Law?       Yes       No       No         - Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No       Audit Yes, Isty years:         -	al Stock.
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above is new, mark an X in the box       information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital 3.         — Is the corporation organized under New York State Transportation Corporations Law?         — Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M         — Have you been audited by the IRS in the past 5 years? Yes       No         Attach your payment here. Detach all check stubs. (See instructions for details.)       Max         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       1         Gross earnings from line 56.       1.	al Stock.
above is new, mark an X in the box       information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital 3.         — Is the corporation organized under New York State Transportation Corporations Law?         — Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M         — Have you been audited by the IRS in the past 5 years? Yes       No         Attach your payment here. Detach all check stubs. (See instructions for details.)       Max         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       1         Gross earnings from line 56.       1.	al Stock.
Principal business activity       in proc. yobs, systax gov and look for the change my address option. Otherwise, see Business information in Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Porm CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Porm CT-1.         - Is the corporation organized under New York State Transportation Corporations Law?       Yes       No         - Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         - Have you been audited by the IRS in the past 5 years? Yes       No       If Yes, list years:       Payment enclosed         A. Pay amount shown on line 14. Make payable to: New York State Corporation Tax       Payment enclosed       A.         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       I       I         I Gross earnings from line 56.       1.       I	
Form CT-1.         Attach a copy of your federal return. You must also file Form CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital -         - Is the corporation organized under New York State Transportation Corporations Law?       Yes         - Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes         - Have 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 York State Corporation Tax       Payment enclosed         Attach your payment here. Detach all check stubs. (See instructions for details.)       Image: Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)         1       Gross earnings from line 56.       1.	
<ul> <li>Is the corporation organized under New York State Transportation Corporations Law?</li> <li>No</li> <li>Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M</li> <li>Have you been audited by the IRS in the past 5 years? Yes</li> <li>No</li> <li>If Yes, list years:</li> <li>A. Pay amount shown on line 14. Make payable to: <i>New York State Corporation Tax</i></li> <li>Attach your payment here. Detach all check stubs. (See instructions for details.)</li> <li>Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)</li> <li>I Gross earnings from line 56.</li> </ul>	
<ul> <li>Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M</li></ul>	
Metropolitan Commuter Transportation District? If Yes, you must file Form CT-184-M       Yes       No         — Have 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 York State Corporation Tax       Payment enclosed         A Attach your payment here. Detach all check stubs. (See instructions for details.)       ■         Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)       ■         1       Gross earnings from line 56       ■	
<ul> <li>Have you been audited by the IRS in the past 5 years? Yes No If Yes, list years:</li> <li>A. Pay amount shown on line 14. Make payable to: New York State Corporation Tax         <ul> <li>Attach your payment here. Detach all check stubs. (See instructions for details.)</li> <li>Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)</li> </ul> </li> <li>I Gross earnings from line 56</li> </ul>	 
<ul> <li>A. Pay amount shown on line 14. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)</li> <li>Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)</li> <li>1 Gross earnings from line 56</li> </ul>	1
<ul> <li>Attach your payment here. Detach all check stubs. (See instructions for details.)</li> <li>Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)</li> <li>1 Gross earnings from line 56</li> </ul>	4
Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)         1 Gross earnings from line 56	
1 Gross earnings from line 56	
<b>5</b>	
	00075
	.00375
<ul> <li>3 Tax on gross earnings (multiply line 1 by line 2)</li> <li>4 Tax on certain railroad dividends (from line 62)</li> <li>4.</li> </ul>	
5 Tax credits (see instructions)	
6 Total tax (subtract line 5 from appropriate tax on line 3 or line 4)	
First installment of estimated tax for the next period:	
<b>7a</b> If you filed an application for extension, enter amount from Form CT-5.9, line 2	
7b If you did not file Form CT-5.9 and line 6 is over \$1,000, see instructions 7b.	
8 Total (add lines 6 and 7a or 7b; foreign authorized corporations see instructions)	
9 Total prepayments from line 68	
10 Balance (if line 9 is less than line 8, subtract line 9 from line 8; otherwise, enter 0)	
11 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) •	
12 Interest on late payment (see instructions)	
13 Late filing and late payment penalties (see instructions)	
14 Balance due (add lines 10 through 13 and enter here; enter the payment amount on line A above)	
15 Overpayment (if line 8 is less than line 9, subtract line 8 from line 9; otherwise, enter 0)	
16 Overpayment to be credited to the next period	
17 Balance of overpayment (subtract line 16 from line 15)	
<ul> <li>17 Balance of overpayment (<i>subtract line 16 from line 15</i>)</li></ul>	
17       Balance of overpayment (subtract line 16 from line 15)       17.         18       Overpayment to be credited to Form CT-184-M       18.         19a       Overpayment to be refunded (subtract line 18 from line 17)       19a.	
<ul> <li>17 Balance of overpayment (<i>subtract line 16 from line 15</i>)</li></ul>	

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			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) $ullet$	21.	%	

. ...

## Schedule B — Corporations principally engaged in local telephone business

22	Total New York State gross operating revenue from telephone service	ces (s	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	ousin	ess subject to tax		_
	(subtract line 25 from line 22; enter here and on line 47)			26.	

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

27	Intrastate gross operating revenue — 100% of New York State receipts				27.	
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 lin	nes 2	8 and 29; attach report			

			Ĺ.
filed with New York State Public Service Commission)	• 30	0.	Ĺ

	ocation — Formula rule method		•		В			
w	clude only property used in connection th interstate transmission, foreign ansmission, or both		New York State	e	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	olumr	A, by column B)			•	38.	%
39	Interstate gross operating revenue $_{ullet}($		× % fr	rom lin	e 38) (see instructions)	•	39.	
40	Foreign gross operating revenue •(		× % fr	rom lin	e 38) (see instructions)	•	40.	
41	Total allocated interstate and foreign gro	oss o	perating revenue (add	l lines 3	39 and 40)	•	41.	
42	Total intrastate, interstate, and foreign g	ross	operating revenue (ad	dd lines	: 27 and 30, or			
	lines 27 and 41; enter here and on line 48) .						42.	
Sc	hedule D — Tax computation ba	asec	l on gross earnii	ngs f	rom business in N	ew	York State	

## Gross receipts from transportation and transmission allocated to New York State

		Gross receipts	Allocation % 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.	
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 calendar year covered by this return.

57	Name of	corporation to whom leased:				
58	Amount of	of capital stock on which dividends were paid		58.		
59	Total amo	ount of dividends paid during the period covered by this return	59.			
60	Dividend	l rate percent, per annum (divide line 59 by line 58)		60.		
61	Amount of	of dividends paid in excess of 4% (.04) dividend rate		61.		
62	Tax on di	ividends (multiply line 61 by 4.5% (.045); enter here and on line 4)		62.		
Sch	edule F	- Composition of prepayments (see instructions)	Date pa	id S	ection 184 an	nount
63	Mandato	bry first installment				
64a	Second i	installment from Form CT-400				
64b	Third inst	tallment from Form CT-400				
64c	Fourth in	stallment from Form CT-400 64c.				
65	Payment	t with extension request, from Form CT-5.9, line 5 65.				
		ment credited from prior year		66.		
67	Overpayr	ment credited from Form CT-184-M Period		67.		
68	Total prep	payments (add lines 63 through 67; enter here and on line 9)		68.		
filed, CT-40 CT-6 <sup>-</sup>	and attack	CT-612 • CT-613 • CT-631 • DTF-630 •	CT-259 Other cr	•	CT-611	
69	Total tax	credits above that are refund eligible (see instructions)		• 69.		
de	d – party signee instructions)	Yes No Designee's name (print) Designee's e-mail address		Designe (	e's phone number	
Certi	fication:	I certify that this return and any attachments are to the best of my knowledge	and belief t	rue, corre	ct, and compl	ete.
-	thorized	Signature of authorized person Official title			1	
p	erson	E-mail address of authorized person			Date	
Pa		's name (or yours if self-employed)		Prepa	rer's PTIN or SSN	
	se Signa	ature of individual preparing this return Address	City	St	ate ZIP co	de
or (see		ail address of individual preparing this return Pr	eparer's NYTP	RIN	Date	

See instructions for where to file.

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