				Staple forms here			
2	<b>CT-184</b> <u>Tr</u>	York State Depa	orta	tion and Finance	ransmis	sion Co	rporation
				Tax Return	n on Gro		-
_	return 🔄 return 📘 Tax	Law – Arti				For	calendar year 2011
E	mployer identification number	File	number	Business telephone numbe	er		If you claim an overpayment, mark
				( )			an <b>X</b> in the box
	egal name of corporation				Trade name/DBA		
-					State or country of incorr	poration Data reasing	d (for Tax Department use only)
	lailing name (if different from legal name above) ,				,	Date received	(IOI Tax Department use only)
	/o lumber and street or PO box				Date of incorporation		
c	ity	Stat	e	ZIP code	Foreign corporations: date	began	
					business in NYS		
Ν	AICS business code number (from federal return)	If address/phone				Audit (for Tax	Department use only)
		above is new, mark an <b>X</b> in the	box	If you need to update information for corport	your address or ph	ione	
F	rincipal business activity	I.		types, you can do so <i>information</i> in Form C	online. See Busines	s	
				Information in Form C	,1-1.		
Attac	h a copy of your federal return. You mu	ist also file Fo	rm CT-1	83, Transportation and T	ransmission Corpora	tion Franchise Tax	Return on Capital Stock.
— Is	the corporation organized under N	ew York Stat	te Trans	portation Corporatio	ns Law?	Yes	No
— D	o you do business, employ capital,	own or lease	e prope	rty, or maintain an of	fice in the		
	letropolitan Commuter Transportation					Yes	No
	ave you been audited by the IRS in				Yes, list years:		
A.	Pay amount shown on line 14. Mal	ke payable to	b: New	York State Corporation	tion Tax		Payment enclosed
	Attach your payment here. Detach					<u> </u>	
Tax	Computation (see Form CT-1					,	
1	Gross earnings from line 56						
2	Tax rate						.00375
3	Tax on gross earnings (multiply line						
4	Tax on certain railroad dividends (f						
5	Tax credits (see instructions)						
6	Total tax (subtract line 5 from appropr					6.	
70	First installment of estimated ta: If you filed an application for exter		-			70	
	If you did not file Form CT-5.9 and						
8	Total (add lines 6 and 7a or 7b; foreign						
9	Total prepayments from line 68						
10	Balance (if line 9 is less than line 8, su						
11	Estimated tax penalty (see instruction						
12	Interest on late payment (see instrue						
13	Late filing and late payment penalt						
14	Balance due (add lines 10 through 13	and enter here	; enter th	ne payment amount on lii	ne A above)	14.	
15	Overpayment (if line 8 is less than line	e 9, subtract li	ne 8 fror	n line 9; otherwise, ente	er <b>0</b> )	15.	
16	Overpayment to be credited to the	•					
17	Balance of overpayment (subtract li						
18	Overpayment to be credited to For						
19a	Overpayment to be refunded (subtr						
19b	Refund of unused tax credits (see i						
	Tax credits to be credited as an ov						
Sch	edule A — Mileage allocati	on — Trar	nenor	tation over the re	nad (see instruc	rtions)	

#### neuule A willea auon эh ucuons y

			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)	21.	%	

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

22	Total New York State gross operating revenue from telephone service	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	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 rece	. •	27.							
Alle	Allocation – 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 li	ines 2	8 and 29; attach report							

	0	0		0	,	,	,	
filed with New York State Public Ser	vice	Comm	ission) .				•	30.

	ocation — Formula rule method					P				
W	clude only property used in connection th interstate transmission, foreign ansmission, or both		New Yo	<b>a</b> rk State	E	<b>B</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 E	3)			•	38.		%
39	Interstate gross operating revenue $_{ullet}($		×	% from li	ne 38) <i>(see</i>	e instructions)	•	39.		
40	Foreign gross operating revenue •(		×	% from li	ne 38) <i>(see</i>	e instructions)	•	40.		
41	Total allocated interstate and foreign gro	ss o	perating rever	ue (add lines	39 and 40)		•	41.		
42	Total intrastate, interstate, and foreign g	ross	operating reve	enue (add line	s 27 and 3	0, or				
	lines 27 and 41; enter here and on line 48) .							42.		
Sc	hedule D — Tax computation ba	ised	l on gross	earnings	from bu	siness in Ne	ew	York S	tate	

#### 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	Amou	nt of capital stock on which dividends were paid			58.			
59	Total a	amount of dividends paid during the period covered by this return			59.			
		nd rate percent, per annum (divide line 59 by line 58)						
		nt of dividends paid in excess of 4% (.04) dividend rate						
		n dividends (multiply line 61 by 4.5% (.045); enter here and on line 4)						
Sch	edule	<b>F</b> – Composition of prepayments (see instructions)		Date pa	id	Section	184 amoui	nt
63	Manda	atory first installment	63.					Τ
64a	Secor	nd installment from Form CT-400	64a.					
64b	Third i	installment from Form CT-400	64b.					
64c	Fourth	n installment from Form CT-400	64c.					
65	Payme	ent with extension request, from Form CT-5.9, line 5	65.					
66	Overp	ayment credited from prior year			66.			
		ayment credited from Form CT-184-M Period						
		prepayments (add lines 63 through 67; enter here and on line 9)			68.			
Sum	mary	of credits claimed on line 5 against current year's franchise tax	K (mai	rk an <b>X</b> in the	e box(e	es) indicatii	ng the form	n(s)
filed,	and at	tach the form(s); see instructions for lines 5 and 69)					-	
CT-4	o •[	CT-41 • CT-43 • CT-243 • CT-249 •		CT-259	•		CT-611•	]
CT-6	11.1 •	CT-612 ● CT-613 ● CT-631 ● DTF-630 ●		Other cr	edits •			
69	Total t	ax credits above that are refund eligible (see instructions)			• 69.			
Thir	rd – pai	rty Yes No			De	signee's phon	e number	
	esignee	Designee's e-mail address				)		
	instructio	·				PIN		
Certi	ificatio	n: I certify that this return and any attachments are to the best of my know	ledge			orrect, and	complete.	
Auth	orized	Printed name of authorized person Signature of authorized person		Official	title			
ре	rson	E-mail address of authorized person	Telep (	ohone number )		Date		
-	aid	Firm's name (or yours if self-employed)	s EIN		F	reparer's PTI	√ or SSN	
	parer Ise	Signature of individual preparing this return Address		City		State	ZIP code	
	o <b>nly</b> e instr.)	E-mail address of individual preparing this return	F	Preparer's NYTP	RIN	Date		

See instructions for where to file.

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