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, S | ection 184 | | Fo | r calendar year 2012 |
|------|--|---|--|------------------|-----------------------------------|
| E | imployer identification number File number | Business telephone number | r | | If you claim an overpayment, mark |
| | | () | | | an X in the box |
| L | egal name of corporation | | Trade name/DBA | | |
| Ν | Aailing name (if different from legal name above) | | State or country of incorporat | ion Date receive | d (for Tax Department use only) |
| | /0 | | | | |
| | lumber and street or PO box | | Date of incorporation | | |
| | | | | | |
| C | City State | ZIP code | Foreign corporations: date bega business in NYS | an | |
| | | | Dusiness in NTS | | |
| ١ | IAICS business code number (from federal return) If address/phone above is new, | | | | x Department use only) |
| | mark an X in the box | information for corpor | your address or phone ation tax, or other tax | <u>;</u> | |
| F | rincipal business activity | types, you can do so information in Form C | online. See <i>Business</i> | | |
| | | | | | |
| | h a copy of your federal return. You must also file Form CT-1 | | | | |
| — Is | the corporation organized under New York State Trans | portation Corporation | ns Law? | Yes _ | No |
| — D | o you do business, employ capital, own or lease prope | rty, or maintain an off | ice in the | | |
| | letropolitan Commuter Transportation District? If Yes, y | | | Yes | No |
| | ave you been audited by the IRS in the past 5 years? | | Yes, list years: | | Dourmont englaged |
| A. | Pay amount shown on line 14. Make payable to: <i>New</i> Attach your payment here. Detach all check stubs. (Se | e instructions for details | lon lax .) | | Payment enclosed |
| Tax | Computation (see Form CT-183/184-I, Instruct | | | | |
| 1 | Gross earnings from line 56 | | | . • 1 | |
| 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 lin | | | | |
| | First installment of estimated tax for the next perio | | | | |
| 7a | If you filed an application for extension, enter amount | from Form CT-5.9, lin | e 2 | . • 7a | |
| 7b | If you did not file Form CT-5.9 and line 6 is over \$1,00 | 0, see instructions | | . 7 b | |
| 8 | Total (add lines 6 and 7a or 7b; foreign authorized corporatio | , | | | |
| 9 | Total prepayments from line 68 | | | . • 9 | |
| 10 | Balance (if line 9 is less than line 8, subtract line 9 from line | 8; otherwise, enter 0) | | 10 | |
| 11 | Estimated tax penalty (see instructions; mark an X in the b | ox if Form CT-222 is atta | ached) • 🔄 | . • 11 | |
| 12 | Interest on late payment (see instructions) | | | . • 12 | |
| 13 | Late filing and late payment penalties (see instructions) | | | | |
| 14 | Balance due (add lines 10 through 13 and enter here; enter the | | | | |
| 15 | Overpayment (if line 8 is less than line 9, subtract line 8 from | | | | |
| 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 1 | | | | |
| 19b | Refund of unused tax credits (see instructions) | | | | |
| 190 | Tax credits to be credited as an overpayment to the ne | exi lax period (see inst | ructions) | · 19c | |

Schedule A – Mileage allocation – Transportation over the road (see instructions)

| | | | 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 | % | |



<u> 201</u>2

| Sc | hedule B — Corporations principally engaged in loca | l te | lephone 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 is (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 | | | |
|--|--|----|--|--|--|
| Allo | 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 | 0 Total allocated interstate and foreign gross operating revenue (add lines 28 and 29; attach report | | | | |
| filed with New York State Public Service Commission) | | | | | |

| Alle | ocation — Formula rule method | | • | P | | | |
|------|--|-------|-------------------------------|---------------------------|------|-------|---|
| w | 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 | lumn | A, by column B) | • | 38 | | % |
| 39 | Interstate gross operating revenue •(| | × % from lin | e 38) (see instructions)• | 39 | | |
| 40 | Foreign gross operating revenue •(| | × % from lin | e 38) (see instructions)• | 40 | | |
| 41 | Total allocated interstate and foreign gro | ss oj | perating revenue (add lines 3 | 39 and 40) | 41 | | |
| 42 | Total intrastate, interstate, and foreign gr | OSS | operating revenue (add lines | s 27 and 30, or | | | |
| | lines 27 and 41; enter here and on line 48) | | | | 42 | | |
| Sc | hedule D — Tax computation ba | sed | on gross earnings f | rom business in New | 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 | 3 |
| | Water transportation (see instructions) | | |
| 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 | 2 |
| 53 | Capital gains from sale or exchange of property within New York State (see instructions) | 53 | 3 |
| 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 | i |

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 capital stock on which dividends were | paid | | 58 | | |
| 59 | Total amount of dividends paid during the period of | | 59 | | | |
| 60 | Dividend rate percent, per annum (divide line 59 by l | line 58) | | 60 | | |
| 61 | Amount of dividends paid in excess of 4% (.04) div | vidend rate | | 61 | | |
| 62 | Tax on dividends (multiply line 61 by 4.5% (.045); enter | r here and on line 4) | | 62 | | |
| Sch | edule F – Composition of prepayments | S (see instructions) | Date pai | d Se | ection 184 amo | unt |
| 63 | Mandatory first installment | | 3 | | | |
| 64a | Second installment from Form CT-400 | | a | | | |
| 64b | Third installment from Form CT-400 | | b | | | |
| 64c | Fourth installment from Form CT-400 | | c | | | |
| 65 | Payment with extension request, from Form CT-5. | 9, line 5 6 | 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 | e and on line 9) | | 68 | | |
| CT-4(CT-6 ⁻ | 11.1 • CT-612 • CT-613 • CT-613 | CT-243 • CT-249 • CT-631 • DTF-630 • CT-630 • CT | CT-259 Other cre | | CT-611● |] |
| 69 | Total tax credits above that are refund eligible (see | instructions) | ••••••• | 69 | | |
| de | rd – party esignee instructions) Yes No Designee's name (print) Designee's e-mail address | | | Designee (| e's phone number) PIN | |
| Certi | ification: I certify that this return and any attachme | nts are to the best of my knowled | <u> </u> | , | ct, and complete | e. |
| Auth | norized | Signature of authorized person | Official | title | | |
| pe | E-mail address of authorized person | Te (| lephone number) | | Date | |
| P | Paid Firm's name (or yours if self-employed) | Firm's EIN | | Prepar | er's PTIN or SSN | |
| | Signature of individual preparing this return A | ddress | City | Sta | ate ZIP code | , |
| | E-mail address of individual preparing this return | | Preparer's NYTPF | RIN | Date | |

See instructions for where to file.

