

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

	return Amended Tax Law —	Article 9, S	ection 184			Fo	r calendar	year 200	6
	Employer identification number	File number	Business telephone nui	mber			If you o	laim an	
			()					yment, mark the box	
T	Legal name of corporation			Trade name/E	BA				
ŀ	Mailing name (if different from legal name above)			State or countr	y of incorporation	Date receive	ed (for Tax Depai	rtment use only)	_
	c/o								
	Number and street or PO box			Date of incorp	oration				
-	City	State	ZIP code	Foreign corpora	tions: date began				
L									
	NAICS business code number (from federal return) If address is new, ma X in the both principal business activity	ırk an	If your name, employed or owner/officer inform Form DTF-95. If only you may file Form DTF-96	nation has change our address has	ed, you must file changed, you	Audit (for Ta	x Department us	se only)	
			our Web site, by phon the instructions.						
Atta	ch a copy of your federal return. You must also fi	le Form CT-18		Transmission (Corporation Fra	nchise Tax	Return on C	apital Stock.	_
— I	s the corporation organized under New York	State Transp	oortation Corporati	ons Law?		Yes		No 🗌	
<u> </u>	Do you do business, employ capital, own or le	ease proper	ty, or maintain an o	office in the		_	_		
N	Metropolitan Commuter Transportation Distric	ct? If Yes, yo	ou mu <u>st f</u> ile For <u>m C</u>	T-184-M		Yes		No 📗	
	lave you been audited by the IRS in the pas			If Yes, list ye	ars:				
Ą.	Pay amount shown on line 14. Make payab	le to: New Y	ork State Corpora	ation Tax			Payment en	closed	4
Tay	Attach your payment here. Detach all check Computation (see Form CT-183/184					Α.			۷
	•				<u> </u>	4			-
2	Gross earnings from line 56					1. 2.		.0037	_
3								.0037	0
4									_
5		•							_
6									_
Ū	First installment of estimated tax for the		,			0.			_
7a	14 40 1 11 11 4 4 1	-		line 2		7a.			
7b									_
8					_	8.			_
9						9.			_
10						10.			_
11	Penalty for underpayment of estimated tax (mark an X in ti	he box if Form CT-222	? is attached)	•	11.			
12	Interest on late payment (see instructions)				•	12.			
13	Late filing and late payment penalties (see	instructions).				13.			
14	Balance due (add lines 10 through 13 and enter	r here; enter th	ne payment amount oi	n line A above)		14.			
15	Overpayment (if line 8 is less than line 9, subt	ract line 8 froi	m line 9; otherwise, e	nter 0)		15.			
16	1 7				_				
17	, ,								
18	1 7								_
19a	. ,				_				_
	Refund of unused tax credits (see instruction								_
	Tax credits to be credited as an overpayme								_
Scl	hedule A — Mileage allocation —	<u> Fransport</u>	ation over the			•			
					A — New Yo	rk State	B — Ev	erywhere	
	Revenue miles								
21	Allocation percentage (divide line 20, column A,	by column B,	and express as a perc	centage;					
	enter on the appropriate line of Schedule D; see D	ata entry conv	entions in the instruct	ions) • 21.		%			

Sc	hedule B — Corporations princi	ipally	engaged in loca	al te	lephone business	3			
22	Total New York State gross operating rev	enue f	rom telephone servic	es (s	ee instructions)	•	22.		\Box
23	One hundred percent of separately char-	ged int	er-LATA, interstate,						
	and international telecommunication s	ervice	s sold to customers						
	for ultimate consumption		•	23.					
24	Thirty percent of separately charged intr	a-LATA	toll service						
	(including interregional calling plan se								
	for ultimate consumption		•	24.					
25	Subtotal (add lines 23 and 24)						25.		
26	Total New York State gross operating rev	enue d	of a local telephone b	usine	ess subject to tax				
	(subtract line 25 from line 22; enter here ar	nd on lir	ne 47)				26.		
Sc	hedule C — Allocation of gross	oper	ating revenue fr	om	telegraph corpora	ıtioı	1S (see ir	nstructions)	
	Intrastate gross operating revenue — 10								\top
	ocation — Accounting rule method		Now Tork Glato 10001	pto					
	Interstate gross operating revenue alloca		New York State	28.					
	Foreign gross operating revenue allocate								
	Total allocated interstate and foreign gro				8 and 29: attach report	_			\top
	filed with New York State Public Service Co.	•	•		•	•	30.		
			, , , , , , , , , , , , , , , , , , , ,						
Alle	ocation — Formula rule method		Α		В				
In	clude only property used in connection th interstate transmission, foreign		New York State		Everywhere				
tra	ansmission, or both				,				
	Average value of real property owned	31.							
	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.							
	Average value of extraterrestrial property	36.							
	Total (add lines 31 through 36)				•				
	Formula rule percentage (divide line 37, ce		A, by column B)			•	38.		%
	Interstate gross operating revenue •(
	Foreign gross operating revenue •(
	Total allocated interstate and foreign gro								
42	Total intrastate, interstate, and foreign gr	oss op	erating revenue (add	lines	27 and 30, or				
	lines 27 and 41; enter here and on line 48).						42.		
Sc	hedule D — Tax computation ba	sed o	on gross earning	gs fr	om business in N	lew	York Sta	ate	
43	Gross receipts from business and other	source	S (total from federal ret	urn) .		•	43.		
Gr	oss receipts from transportation ar	nd trai	nemission allocat	ed t	New York State				
GI (Gross receipts	ou ii	Allocation % from line 21				
44	Trucking (see instructions)				× %	_	44.		\top
	Messenger service				× %	•	45.		+
46	Cable television operators (see instruction	ns)			* *		46.		+
	Tamana tanan ang anakata (ada mandakana)	-/							

47	7 Total New York gross operating revenue of a local telephone business subject to tax (from line 2	26) • 47.		
48	3 Telegraph services from line 42	48.		
49	Water transportation (gross receipts from transportation services originating and terminating			
	within New York State; attach list; see instructions)	49.		
50	Railroad transportation (gross receipts from transportation services originating and terminating			
00	within New York State; attach list; see instructions)	• 50.		
Grad	•			+
	oss receipts from other sources	-		
	Rental income from use of property within New York State (see instructions)			-
52	2 Interest and dividends from New York State sources (see instructions)			_
53				_
54	4 Capital gains from sale or exchange of securities if the gains are allocated to New York State (see instruction	s) ● 54.		
55	5 Gross receipts from all other sources within New York State (see instructions)	• 55.		\bot
56	Total gross earnings allocated to New York State (add lines 44 through 55; enter here and on line 1)	• 56.		
Sch	hedule E — Annual tax on dividends — If this is a railroad not operated by steam, who	ose proper	tv is leased to anothe	er
	railroad, complete the following items for the period beginning January 1, 20			
57	7 Name of corporation to whom leased:			
58		58.		Т
				+
59				+
60				-
	1 Amount of dividends paid in excess of 4% (.04) dividend rate			-
62	2 Tax on dividends (multiply line 61 by 4.5% (.045); enter here and on line 4)	62.		
Sch	hedule F — Composition of prepayments (see instructions)	te paid	Section 184 amour	
				זר
		nte paid	Occitor for amour	11
63	3 Mandatory first installment	nte para	occion 104 amou	π
63	Mandatory first installment 63. Second installment from Form CT-400. 64a.	nie paiu	Cotton 104 amou	11
63	Mandatory first installment 63. Second installment from Form CT-400. 64a.	ne paid	occion 104 amou	
63 64a 64b	Mandatory first installment 63. Second installment from Form CT-400. 64a.	ne paid	occion 104 amou	π
63 64a 64b 64c	Mandatory first installment 63. Second installment from Form CT-400. 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c.	ne paru	occion 104 amou	1t
63 64a 64b 64c 65	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5. 65.	•		
63 64a 64b 64c 65 66	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5 65. Overpayment credited from prior year	66.		
63 64a 64b 64c 65 66 67	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5 65. Overpayment credited from prior year Overpayment credited from Form CT-184-M Period	66. 67.		
63 64a 64b 64c 65 66 67 68	Mandatory first installment 63. Second installment from Form CT-400. 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5. 65. Overpayment credited from prior year 70. Total prepayments (add lines 63 through 67; enter here and on line 9)	66. 67. 68.		
63 64a 64b 64c 65 66 67 68 Sum	Mandatory first installment 63. Second installment from Form CT-400	66. 67. 68.		
63 64a 64b 64c 65 66 67 68 Sum filed,	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5 65. Overpayment credited from prior year 65. Overpayment credited from Form CT-184-M Period 7 Overpayments (add lines 63 through 67; enter here and on line 9) 65. mmary of credits claimed on line 5 against current year's franchise tax (mark an X and attach the form(s); see instructions for lines 5 and 69)	66. 67. 68. (in the box	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5 65. Overpayment credited from prior year 65. Overpayment credited from Form CT-184-M Period 7 Overpayments (add lines 63 through 67; enter here and on line 9) 65. mmary of credits claimed on line 5 against current year's franchise tax (mark an X and attach the form(s); see instructions for lines 5 and 69)	66. 67. 68. (in the box		
63 64a 64b 64c 65 66 67 68 Sum filed,	Mandatory first installment	66. 67. 68. <i>(in the box</i>	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum filed,	Mandatory first installment 63. Second installment from Form CT-400 64a. Third installment from Form CT-400 64b. Fourth installment from Form CT-400 64c. Payment with extension request, from Form CT-5.9, line 5 65. Overpayment credited from prior year 65. Overpayment credited from Form CT-184-M Period 7 Overpayments (add lines 63 through 67; enter here and on line 9) 65. mmary of credits claimed on line 5 against current year's franchise tax (mark an X and attach the form(s); see instructions for lines 5 and 69)	66. 67. 68. <i>(in the box</i>	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum filled,	Mandatory first installment 63. Second installment from Form CT-400	66. 67. 68. (in the box)	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum filled,	Mandatory first installment	66. 67. 68. (in the box)	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum filled, CT-4	Mandatory first installment	66. 67. 68. (in the box) 0	(es) indicating the form T-259	
63 64a 64b 64c 65 66 67 68 Sum filled, CT-4	3 Mandatory first installment	66. 67. 68. (in the box) 0	(es) indicating the form	
63 64a 64b 64c 65 66 67 68 Sum filled, CT-4	Mandatory first installment	66. 67. 68. (in the box) C O Yes (coersonal identific	T-259 • The the redits • The credits • The credits • The complete the following) No [
63 64a 64b 64c 65 66 67 68 Sum filled, CT-4	Mandatory first installment	66. 67. 68. (in the box) 0 4 69.	T-259 • The the redits • The credits • The credits • The complete the following) No [
63 64a 64b 64c 65 66 67 68 Sum CT-4 CT-6	A Mandatory first installment		(es) indicating the form T-259 ther credits • complete the following) No [cation [
63 64a 64b 64c 65 66 67 68 Sum CT-4 CT-6	Mandatory first installment		(es) indicating the form T-259 ther credits • complete the following) No [cation [
63 64a 64b 64c 65 66 67 68 Sum CT-4 CT-6	A Mandatory first installment		rrect, and complete.	
63 64a 64b 64c 65 66 67 68 Sum CT-4 CT-6	A Mandatory first installment		rrect, and complete.	
63 64a 64b 64c 65 66 67 68 Sum CT-4 CT-6	A Mandatory first installment		rrect, and complete.	

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