

CT-183 New York State Department of Taxation and Finance Transportation and Transmission Corporation Franchise Tax Return on Capital Stock

Tax Law - Article 9, Section 183

	Final Amended return return						For calendar year 20)13			
E	imployer identification number (EIN)	File number	Business tele	ephone number			If you claim an				
			()				overpayment, mar an X in the box	'k _			
Ī	egal name of corporation		,	-	Frade name/DBA						
N	Mailing name (if different from legal name above)				State or country of inc	corporation D	late received (for Tax Department use only)				
	:/o										
١	lumber and street or PO box				Date of incorporation	1					
C	City	State	ZIP code		Foreign corporations: ousiness in NYS	date began					
	IAICS business code number (from NYS Pub 910) If addra above mark a IYS principal business activity	ohone r tax ess	Audit (for Tax Department use only) e								
Do y Tran	eral return filed (mark an X in one): Forn rou do business, employ capital, own or I sportation District? (mark an X in the app	ease property, ropriate box) If	Yes, you m	n an office in	m CT-183-M (litan Com	etions) Yes No				
	the exception of non-local telephone co Pay amount shown on line 11. Make par					83 must a	also file Form CT-184. Payment enclosed				
<u> </u>	Attach your payment here. Detach all ch	neck stubs. (See	e instructions	s for details.)	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A					
Гах	computation (see Form CT-183/184-I,	Instructions fo	r Forms CT	-183 and C	T-184)						
1	Tax on allocated issued capital stock fro	m line 56					1				
2	Tax based on dividend rate, from line 75	or line 78, whi	chever app	lies		•	2				
3	Minimum tax						3 75	5 00			
4	Tax (amount from line 1, 2, or 3, whichever is	largest)				•	4				
5	Tax credits (see instructions)						5				
6	Total tax after credits (subtract line 5 from line 4; foreign authorized corporations see instructions)						6				
7	Total prepayments from line 82						7	\perp			
	Balance (if line 7 is less than line 6, subtract line 7 from line 6; otherwise, enter 0)						8	_			
							9	_			
	Late filing and late payment penalties (see instructions)						10	\bot			
	Balance due (add lines 8, 9, and 10 and enter here; enter the payment amount on line A above)							\perp			
	Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; otherwise, enter 0)						12	\perp			
	Overpayment to be credited to the next period						13 14	\bot			
		Balance of overpayment (subtract line 13 from line 12)						_			
	Overpayment to be credited to Form CT					_	15	\bot			
	Overpayment to be refunded (subtract line							_			
	Refund of unused tax credits (see instruct						6b	\perp			
6с	Refundable tax credits to be credited as	an overpayme	ent to the ne	ext tax perio	od (see instruct	ions) 🛮 1	6c				



Scl	nedule A - Allocation percentage/issuer's allocation percentage	je (if n	o allocation is claimed, enter 10	00 o	n line 24 or 26; see instructions)			
		Average value for the year 2013						
Par	t 1 — General transportation and transmission corporations	A New York State		B Everywhere				
17	Accounts receivable	17						
18	Shares of stock of other companies owned (attach list							
	showing corporate name, shares held, and actual value)	18						
19	Bonds, loans, and other securities, other than U.S. obligations	19						
20	Leaseholds	20						
21	Real estate owned	21						
22	All other assets (except cash and investments in U.S. obligations)	22						
23	Total (add lines 17 through 22)	23		•				
24	Allocation percentage (divide line 23, column A, by column B)	24	C	%				
Par	t 2 — Corporations operating vessels not exclusively engaged in foreign commerce (see instructions)		A New York State territorial waters		B Everywhere			
25	Aggregate number of working days	25						
	Allocation percentage (divide line 25, column A, by column B)	-	C	%				
				, - 1				
Scl	nedule B - Assets and liabilities (see instructions)				As of December 31, 2013			
27	Total assets		• 2	27				
28	Total liabilities		• 2	28				
29	Net worth (subtract line 28 from line 27; enter here and on line 53)			29				
30	Capital stock — preferred stock		3	30				
31	Capital stock — common stock		3	31				
32	Paid-in capital in excess of par or stated value			32				
33	Retained earnings (appropriated or unappropriated)			33				
34	Add lines 28, 30, 31, 32, and 33		3	34				
35	Cost of treasury stock	3	35					
36	Total liabilities and capital (subtract line 35 from line 34)		36					
Scl	nedule C — Reconciliation of retained earnings (see instructions	s)						
	Balance at beginning of year	'						
38	Net income (attach profit and loss statement)	3						
39	Other additions (explain)	_						
)						
40	Total (add lines 37, 38, and 39)		4	40				
41	Dividends							
42	Other deductions (explain)							
		2						
43	Total dividends and other deductions (add lines 41 and 42)			43 44				
44		alance at end of year (subtract line 43 from line 40)						
45	Did this corporation purchase any of its capital stock during the year?							
	If Yes, attach a separate sheet showing number and kinds of shares,	consi	deration received for the	is	suances of			
	the shares, and purchase price of each share.							



A Class of		B Number of	C Par	D Amount paid in			ssued capital E ng price during yea			F		G
	stock	shares as of Dec. 31, 2013	value	on each share				Lo	sel		g	Net value (column B × column F)
Co	mmon	DCC. 01, 2010			<u> </u>	ligii		LO		price		
	eferred											
-	-par-value											
	Total								Tota	l net valu	e 46	•
		column B by the n	l let value ner s	share of stock outsta	andina	Т			Tota	THE VAIG	5 40	
71				per share	_	47						
48		•		por 3naro		48					-	
						70					49	•
				line 46, column G)		50				T	10	
51						51					_	
						0.1					52	•
		,	,,			53				T		
						54					_	
											• 55	
				nt from line 49, 52, o								
			,		-			•	-		. 56	
Par			•	operating vessed dends paid during C		`	gn co D	mm	erce	complet	e Part	
	Class Value of stock of on which stock dividends were paid (see instructions)			Dividends paid	Dividends				each p by .00	ercent (incl 0375 (% of	uding fra a mill). V	E column D is 6% or more, multiple factions of a percent) in column I When multiplying, do not convert ant in column D to a decimal.
57	Common					%			Ente	r tax rate	here:	
	Preferred							%	Ente	r tax rate	here:	
	No-par-value							%	Ente	r tax rate	here:	
60	Total											
Par	t 2 — Tax con	nputation (see instr	ructions)									
61	Par value con	nmon stock <i>(from li</i>	ine 57, columi	n B)		61						
			,			62						
		Tax (multiply line 62 by line 57, column E)									63	
	Par value preferred stock (from line 58, column B)					64					_	
	Taxable base (multiply line 64 by line 24)					65						
	Tax (multiply line 65 by line 58, column E)					07					66	<u> </u>
67						67						
68	Taxable base (multiply line 67 by line 24)					68					69	•
69 70						70					09	
70 71	Total value of stockholders' equity					71					+	
72	Capital subject to tax on dividends (add lines 61, 64, and 67)					72						
73		-				73					-	
			*								• 74	
	75 Tax on allocated issued capital stock using dividend rates (add li and on line 2)										. 75	
	and on line 2)											



Part 3 - 1	ax rate computation l	oased on dividends p	aid during	the year (see ins	structions)					
	A Paid-in capital	B Dividends paid	D	C ividend rate (B ÷ A)	Tax rate computation — If column C is 6% or more, multiply the percent (including fractions of a percent) in column C by .000375 (% of a mill). When multiplying, do not convert the percentage amount in column C to a decimal.					
76 °				%	Enter tax rate he	re:				
Part 4 – 1	ax computation (see in	nstructions)								
	le base (multiply line 76, o					77			T	
	ultiply line 77 by line 76, c				-	78				
10 lax (III	unipiy iirie 77 by iirie 76, c	olumn D; enter here and	on line 2)			70				
Cala a duda	. Commonition		line 7 /	. (
Schedule	F - Composition	or prepayments on	line / (see	nstructions)			Section	n 183	amount	
70 Payme	ent with extension requ	est from Form CT-5.9	line 5			79	Occilo	11 100	amount	
-	ayment credited from p					80				
	ayment credited from F	,				81				
	prepayments (add lines 7				H	82				
	of credits claimed attach the form(s); see in CT-41 • CT-43	nstructions for lines 5	and 83) CT-249 •	CT-259 ●	CT-501 •		502 •		g the form(s, -611 • □	
83 Total t	ax credits above that a	re refund eligible (see i	nstructions) .		•	83				
Third - pa	irty Vaa 🗆 Na 🗀	Designee's name (print)					Designee's	phone	number	
designee	Yes No Designee's e-mail addr	ess.					()			
(see instructio	ns)	000					F	PIN		
Certificati	on: I certify that this ret						, correct,	and c	complete.	
Authorized	Printed name of authorized	I person	Signature of a	authorized person	Offi	icial title				
person							Da	ate		
Paid	Firm's name (or yours if self-e	employed)		F	irm's EIN		Preparer's	PTIN :	or SSN	
preparer use	Signature of individual prep	paring this return	Address		City		State		ZIP code	
only (see instr)	E-mail address of individua	al preparing this return			Preparer's N	YTPRIN	Da	ate		

See instructions for where to file.

