



# CT-184

Department of Taxation and Finance

# Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings

Tax Law – Article 9, Section 184

For calendar year 2024

Final return  Amended return

Employer identification number (EIN)		File number	Business telephone number ( )	If you claim an overpayment, mark an <b>X</b> in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing address			State or country of incorporation		
Care of (c/o)					
Number and street or PO Box			Date of incorporation	Foreign corporations: date began business in NYS	
City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)	For office use only	
NAICS business code number (from NYS Pub 910)		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			
NYS principal business activity					

Attach a copy of your federal return. You must also file Form CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*.

- 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: \_\_\_\_\_

<b>A.</b> Pay amount shown on line 14. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	<b>A</b>	

### Tax Computation (see Form CT-183/184-I, Instructions for Forms CT-183 and CT-184)

1	Gross earnings from line 56	•	1	
2	Tax rate		2	.00375
3	Tax on gross earnings (multiply line 1 by line 2)	•	3	
4	Tax on certain railroad dividends (from line 62)	•	4	
5	Tax credits (see instructions)	•	5	
6	Total tax (subtract line 5 from appropriate tax on line 3 or line 4)	■	6	
7a				
7b				
8				
9	Total prepayments from line 68	•	9	
10a	Underpayment (subtract line 9 from line 6)	•	10a	
10b	Additional amount for 2025 MFI (see instructions)	•	10b	
10c	Increased balance due (add lines 10a and 10b)	•	10c	
11	Estimated tax penalty (see instructions; mark an <b>X</b> in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	11	
12	Interest on late payment (see instructions)	•	12	
13	Late filing and late payment penalties (see instructions)	•	13	
14	Balance due (add lines 10c through 13 and enter here; enter the payment amount on line A above)	■	14	
15a	Excess prepayments (subtract line 6 from line 9)	•	15a	
15b	Amount previously credited to 2025 MFI (see instructions)	•	15b	
15c	Overpayment (subtract line 15b from line 15a)	•	15c	
16	Overpayment to be credited to the next period	■	16	
17	Balance of overpayment (subtract line 16 from line 15c)	•	17	
18	Overpayment to be credited to Form CT-184-M	•	18	
19a	Overpayment to be refunded (subtract line 18 from line 17)	■	19a	
19b	Refund of unused tax credits (see instructions)	■	19b	
19c	Tax credits to be credited as an overpayment to the next tax period (see instructions)	■	19c	

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**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)	21		%

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

22 Total New York State gross operating revenue from telephone services	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 business 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		
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**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 lines 28 and 29; attach report filed with New York State Public Service Commission)	30		

**Allocation – Formula rule method**

Include only property used in connection with interstate transmission, foreign transmission, 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 allocation percentage (divide line 37, column A, by column B)	38				%
39 Interstate gross operating revenue	39		x	% from line 38 (see instr.)	
40 Foreign gross operating revenue	40		x	% from line 38 (see instr.)	
41 Total allocated interstate and foreign gross operating revenue (add lines 39 and 40)	41				
42 Total intrastate, interstate, and foreign gross operating revenue (add lines 27 and 30, or lines 27 and 41; enter here and on line 48)	42				

**Schedule D – Tax computation based on gross earnings from business in New York State**

43 Gross receipts from business and other sources (total from federal return)	43		
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**Gross receipts from transportation and transmission allocated to New York State**

	Gross receipts	Allocation % from line 21	
44 Trucking (see instructions)		x %	44
45 Messenger service		x %	45
46 Cable television operators (see instructions)			46



Table with 2 columns: Description and Amount. Rows include 47 Total New York gross operating revenue, 48 Telegraph services, 49 Water transportation, 50 Railroad transportation, Gross receipts from other sources (51-56).

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.

Table with 2 columns: Description and Amount. Rows include 57 Name of corporation to whom leased, 58 Amount of capital stock, 59 Total amount of dividends paid, 60 Dividend rate percent, 61 Amount of dividends paid in excess of 4%, 62 Tax on dividends.

Schedule F - Composition of prepayments (see instructions). Table with 3 columns: Description, Date paid, Section 184 amount. Rows include 63-68.

Summary of credits claimed on line 5 against current year's franchise tax (mark an X in the box(es) indicating the form(s) filed, and attach the form(s); see instructions for lines 5 and 69)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) Yes [ ] No [ ]

CT-40 [ ] CT-41 [ ] CT-43 [ ] CT-249 [ ] CT-501 [ ] CT-611 [ ] CT-611.1 [ ] CT-611.2 [ ] CT-612 [ ] CT-613 [ ] CT-631 [ ] CT-637 [ ] CT-663 [ ] DTF-630 [ ] Other credits: [ ]

69 Total tax credits above that are refund eligible (see instructions) [ ]

Third-party designee form. Fields include: Yes [ ] No [ ], Designee's name (print), Designee's phone number, Designee's email address, PIN.

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person and Paid preparer use only form. Fields include: Printed name of authorized person, Signature of authorized person, Official title, Email address of authorized person, Telephone number, Date, Firm's name, Firm's EIN, Preparer's PTIN or SSN, Signature of individual preparing this return, Address, City, State, ZIP code, Email address of individual preparing this return, Preparer's NYTPRIN or Excl. code, Date.

See instructions for where to file.

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