

CT-186-P

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income Tax Law — Article 9, Section 186-a

For calendar year 1									r calendar year 1999		
Employer identification number			File number		Check box if overpayment claimed	For office					
a		Legal name	of corporation		Trade name/DBA						
	ູ	vo						Date rece	eived		
Mailing name	ŝ	Mailing name (if different from legal name) and address State or country of incorporation									
g.	Mailing name (if different from legal name) and address c/o Number and street or PO box							_			
<u>ii</u> .	Number and street or PO box						Date of incorporation				
Mai	City State							1			
_	City State Zir code Follo					Foreign corporations: date began business in NYS					
								Audit use)		
	If address above is new, check box (see If your name, employer identification number, address, or owner/officer information h					Business tele	phone number				
	instructions) areas outside the U.S. and outside Canada, call (518) 485-6800.							_			
NAIC	,5 D	usiness code	number (see instructions)	Date corporation came under the supe	rvision of New Yo	гк State Depar	tment of Public Service				
Ļ.			19 11 4					<u></u>			
тур	_		r commodity you resell (d				·				
•	(Gas	• Electric	city • Stea	ım	• W	ater • 💹 I	Refriger	ration		
14 41-	1- 1		untilum autau manna af mui	ing account of any	A daluana a 6 u						
IT th	IS I	s your first	return, enter name of pri	or owner or operator, if any	Address of p	orior owner o	or operator				
16.41-		- · · · · · · · · · · · · · · ·			A -l -l f						
IT th	IS I	s your final	return, enter name of ne	ew owner, if any	Address of r	iew owner					
_											
				usiness tax (MTA surch							
Do	yoı	u do busin	ess in the Metropolitan	Commuter Transportation Dis	trict? (see inst	ructions)	Yes No	If Yes, y	ou must file Form CT-186-P/M		
Do	no	t file Forr	n CT-186-P — If vou a	re a telephone or telegraph cor	mpany or oth	er provider	of telecommunication ser	vices. ev	ven if those services are not		
				orm. Instead, file Form CT-186							
_	D -			an Dan 44 Mala abada an	l. l	V/- O			Payment enclosed		
			our payment here.	on line 11. Make check pay	able to: Ne	w york Si	ate Corporation lax		Payment enclosed		
Co	m	putati	on of tax								
-	Τσ	ay on aro	es income (amount fr	om lino 20)				1			
	Tax on gross income (amount from line 39)										
	Power for Jobs tax credit (see instructions) Net tax (subtract line 2 from line 1)										
9		•	ment of estimated ta	<i>'</i>							
4a				sion, enter amount from For	m CT-5 9 li	ne 2		4a			
		-			ter 25% (.25) of line 3				-		
	5 Total (add lines 3 and 4a or 4b)										
	6 Total prepayments (from line 45)										
	7 Balance (if line 6 is less than line 5, subtract line 6 from line 5)										
									-		
	Interest on late payment (see instructions) Late filing and late payment penalties (see instructions)										
	Balance due (add lines 7 through 10; enter payment on line A ab										
	2 Overpayment (if line 5 is less than line 6, subtract line 5 from line				•	•			•		
	13 Amount of overpayment to be credited to next period										
	4 Balance of overpayment (subtract line 13 from line 12)										
	15 Amount to be credited to Form CT-186-P/M										
16 Amount of overpayment to be refunded (subtract line 15 from line 14)											
	, (inount of	everpayment to be i	Claridod (Sabirast iine 10 iioli	11 11110 1 47						
Cer	tifi	ication. I	certify that this retur	n and any attachments are	to the best	of mv kno	wledge and belief true	. correc	t. and complete.		
Signature of elected officer or authorized person						Official title			Date		
			,								
<u>_</u>	F	irm's name	(or yours if self-employed)			1	ID number		Date		
pare			,								
Signature of individual							Signature of individual p	reparing t	his return		
Firm's name (or yours if self-employed) Address Address								•			

Co	mputation of gross income										
	I — Computation of receipts from utility service	es									_
17											
18								•			
19								•			
20								•			
21								•			
22	:							•			
23	All other receipts from sales made or services rendered					-	23	•			
24	Receipts before allowable deductions (add lines 17 through					Г	24	•			
25								•			
26	Receipts after allowable deductions (subtract line 25 from						26	•			
Par	t II - Receipts from interest and dividends alloc	ated to New	York State (attac	h list,	if nec	essar	v)				
	security dividends received allo				D Issuer Illocati ercent	ion	Interest and dividends allocated to NYS (col. C × col. D)				
					+						\vdash
											H
27	Interest and dividends allocated to New York State (add	d column F amou	ınts)				27	•			Т
	Receipts from royalties		•				28				
	Total receipts from interest, dividends, and royalties (ad					F	29	•			Г
Par	III — Computation of profits (see instructions)		,			•					
30	Profits from the sale of securities						30	•			
31	Profits from the sale of real property						31	•			
32	Profits from the sale of personal property						32	•			
33	All other profits							•			
34	Profits before allowable deductions (add lines 30 through 33)						34	•			
35							35	•			
_36							36	•			
	IV — Computation of tax on gross income							T			_
37	Gross income (add lines 26, 29, and 36)					T	37	•			
38	Tax rate						38			.03	25
39	Tax on gross income (if line 37 is greater than \$500, multip and on line 1)						39	•			
Co	mposition of prepayments claimed on I	ine 6			Date	paid			Amoun	t	
40	Mandatory first installment			40			1				
41a	Second installment			<u> </u>			1				
41b	Third installment						1				
41c	Fourth installment			—			1				
42	Payment with extension request, Form CT-5.9, line 5						1				
43	Credit from prior years						. 43	3			
44							. 44	4			
45	Total (add lines 40 through 44; enter here and on line 6)							5			