



# CT-186-A

New York State Department of Taxation and Finance

## Utility Services Tax Return — Gross Operating Income

Tax Law — Article 9, Section 186-a

For calendar year 2000

|                                                             |                                                                                                                                                                                                                                                                                             |                             |                                                           |                     |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|---------------------|
| Employer identification number                              |                                                                                                                                                                                                                                                                                             | File number                 | Check box if overpayment claimed <input type="checkbox"/> | For office use only |
| <b>Mailing name and address</b>                             | Legal name of corporation                                                                                                                                                                                                                                                                   |                             | Trade name/DBA                                            |                     |
|                                                             | Mailing name (if different from legal name) and address                                                                                                                                                                                                                                     |                             | State or country of incorporation                         |                     |
|                                                             | c/o<br>Number and street or PO box                                                                                                                                                                                                                                                          |                             | Date of incorporation                                     |                     |
|                                                             | City State ZIP code                                                                                                                                                                                                                                                                         |                             | Foreign corporations: date began business in NYS          |                     |
| If address above is new, check box <input type="checkbox"/> | If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the telephone assistance numbers. See the <i>Need help?</i> section of the form or instructions. |                             | Business telephone number<br>( )                          | Date received       |
| NAICS business code number (see instructions)               |                                                                                                                                                                                                                                                                                             | Principal business activity |                                                           |                     |
| Nature of business                                          |                                                                                                                                                                                                                                                                                             | Name of agent, if any       | Date sale of utility services began                       |                     |

Type of service or commodity you resell (check all that apply)

- Gas
- Electricity
- Steam
- Water
- Refrigeration

If this is your first return, enter name of prior owner or operator, if any

Address of prior owner or operator

If this is your final return, enter name of new owner, if any

Address of new owner

The books of the taxpayer are in the care of

Name:

Address:

Do you do business in the Metropolitan Commuter

Transportation District (MCTD)? (see instructions)  Yes  No If Yes, you must also file Form CT-186-A/M.

**Who may not file Form CT-186-A** — If you have any receipts from telecommunication services, even if these services are not your primary business, you must file Form CT-186-E or Form CT-186-EZ to report tax under section 186-e of the Tax Law. For more detailed information, see the instructions for Form CT-186-E or Form CT-186-EZ in the packet CT-186-E-P.

|                                                                                                              |                  |
|--------------------------------------------------------------------------------------------------------------|------------------|
| <b>A. Payment</b> — pay amount shown on line 9. Make check payable to: <b>New York State Corporation Tax</b> | Payment enclosed |
| .....Attach your payment here.                                                                               |                  |

### Computation of Tax (see Form CT-186-A-1, Instructions for CT-186-A)

|                                                                                                                                        |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 Tax on gross operating income (amount from line 20) .....                                                                            | 1  |  |
| First installment of estimated tax for next period:                                                                                    |    |  |
| 2a If you filed a request for extension, enter amount from Form CT-5.9, line 2 .....                                                   | 2a |  |
| 2b If you did not file Form CT-5.9 and line 1 is over \$1,000, enter 25% of line 1 .....                                               | 2b |  |
| 3 Total tax (add lines 1 and 2a or 2b) .....                                                                                           | 3  |  |
| 4 Total prepayments (amount from line 26) .....                                                                                        | 4  |  |
| 5 Balance (if line 4 is less than line 3, subtract line 4 from line 3) .....                                                           | 5  |  |
| 6 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") ..... | 6  |  |
| 7 Interest on last payment (see instructions) .....                                                                                    | 7  |  |
| 8 Late filing and late payment penalties (see instructions) .....                                                                      | 8  |  |
| 9 <b>Balance due</b> (add lines 5 through 8; enter payment on line A above) .....                                                      | 9  |  |
| 10 Overpayment (if line 3 is less than line 4, subtract line 3 from line 4) .....                                                      | 10 |  |
| 11 Amount of overpayment to be credited to next period .....                                                                           | 11 |  |
| 12 Balance of overpayment (subtract line 11 from line 10) .....                                                                        | 12 |  |
| 13 Amount of overpayment to be credited to Form CT-186-A/M .....                                                                       | 13 |  |
| 14 Amount of overpayment to be refunded (subtract line 13 from line 12) .....                                                          | 14 |  |

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

|                                                   |                                         |                |                                               |
|---------------------------------------------------|-----------------------------------------|----------------|-----------------------------------------------|
| Signature of elected officer or authorized person |                                         | Official title | Date                                          |
| <b>Paid preparer use only</b>                     | Firm's name (or yours if self-employed) |                | ID number                                     |
|                                                   | Address                                 |                | Signature of individual preparing this return |

Mail your return, by March 15, 2001, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

**Computation of gross operating income** (other than telephone and telegraph) for January 1, 2000, through December 31, 2000

|    |                                                                                                                                 |    |   |  |
|----|---------------------------------------------------------------------------------------------------------------------------------|----|---|--|
| 15 | Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption or use in New York State... | 15 | • |  |
| 16 | Other receipts (see instructions).....                                                                                          | 16 | • |  |
| 17 | Total (add lines 15 and 16) .....                                                                                               | 17 |   |  |
| 18 | Allowable deductions (attach list) .....                                                                                        | 18 | • |  |
| 19 | Gross operating income (subtract line 18 from line 17) .....                                                                    | 19 |   |  |
| 20 | Tax on gross operating income (multiply line 19 by 2.1% (.021); enter here and on line 1) .....                                 | 20 | • |  |

| Composition of prepayments claimed on line 4 |                                                                       | Date paid |  | Amount |
|----------------------------------------------|-----------------------------------------------------------------------|-----------|--|--------|
| 21                                           | Mandatory first installment .....                                     | 21        |  |        |
| 22a                                          | Second installment .....                                              | 22a       |  |        |
| 22b                                          | Third installment .....                                               | 22b       |  |        |
| 22c                                          | Fourth installment .....                                              | 22c       |  |        |
| 23                                           | Payment with extension request, Form CT-5.9, line 5 .....             | 23        |  |        |
| 24                                           | Credit from prior years .....                                         | 24        |  |        |
| 25                                           | Credit from Form CT-186-A/M <input type="text" value="Period"/> ..... | 25        |  |        |
| 26                                           | Total (add lines 21 through 25; enter here and on line 4) .....       | 26        |  |        |

**Privacy notification**

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.