

Address

CT-186-EZ New York State Department of Taxation and Finance Telecommunications Tax Return — Short Form

Figure interest Figure F		~	Tax Law Attiole 5, c		a 100 c(1)	(6)			For calendar year 2	2001
Date of incorporation Date	Employ	yer identification number		File number				For office u	-	
Date of incorporation Date		Logal name of corneration		Trade name/DBA						
State or country of incorporation Date of incorpor				Trade name/DBA				Date receiv	rad	
If address above is new, if address above is new, enderor identification notices and in address above is new, enderor identification notices, tox.	ne	Mailing name (if different from logal name) of	and addraga		State or	country of incorno		Date receiv	eu	
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If address above is new, if address above is new, enderor identification notices and in address above is new, enderor identification notices, tox.	Ma an	City	State	ZIP code	Foreign	corporations: date	began			
Did you provide telecommunication services in the Metropolitan Commuter Transportation District (MCTD) during this tax year?					busines	s in NYS		Audit use		
Did you provide telecommunication services in the Metropolitan Commuter Transportation District (MCTD) during this tax year?	check b	ess above is new, one of the state of the st	ication number, address, or owner/officer DTF-95. If only your address has changed se forms by fax, phone, or from our Web s uctions.	information has d., you may file site. See the	ness telephone r	number				
District (MCTD) during this tax year? A Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax A Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax A Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax A Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax A Payment — payment enclosed A Column I — NYS Column II — MTA A Column I — NYS Column II — MTA A Surcharge related to telecommunication services (from line 27) A I Surface and I services (from line 27) A I Surface and I services (from line 27) A I Surface and I services (from line 27) A I Surface and I services (from line 27) A Total (Yourn I, add line 1 is over \$1,000, enter 25% of line 1 in Column I and 25% of line 2 in Column II	NAICS	business code number (see instructions)	Principal business activity							
Attach your payment here. Computation of tax 1 Excise tax on telecommunications services (from line 27) 2 MTA surcharge related to telecommunication services (from line 39) 2 Trist installment of estimated tax: 3a If you filed a request for extension, enter amounts from Form CT-5.9-E, line 8, Columns I and II 3b If you did not file Form CT-5.9-E and line 1 is over \$1,000, enter 25% of line 1 in Column I and 25% of line 2 in Column II 4 Total (Column I, add line 1 and line 3a or 3b; Column II, add line 2 and line 3a or 3b) 5 Total prepayments (transfer amounts from line 45) 6 Balance (subtract line 5 from line 4) 7 Total excise tax and MTA surcharge balance (add line 6, Column I and line 6, Column II) 7 Palaty for underpayment of estimated tax (check box if Form CT-222 is attached); if none, enter "0") 8 Penalty for underpayment (see instructions) 10 Late filling and late payment penalties (see instructions) 11 Balance due (add lines 7 through 10; enter payment on line A above) 11 Balance due (add lines 7 through 10; enter payment on line A above) 11 A Mount of overpayment to be credited to next period (see instructions) 12 Overpayment (if line 7 is negative, you have a net overpayment; enter that amount as a positive number) 12 A Refund of overpayment (subtract line 13 from line 12) 13 Amount of overpayment (subtract line 13 from line 12) 14 Refund of unused tax credits (see instructions) Official title Date Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.	Distri	ct (MCTD) during this tax year?	?			• □ Yes			•	∌ B
1 Excise tax on telecommunications services (from line 27)				payable to. New 1	OIK State	Corporatio	п тах		r ayment enclosed	
2 MTA surcharge related to telecommunication services (from line 39)	Com	putation of tax			Column I	— NY	'S	Column II — MTA		
First installment of estimated tax: 3a If you filed a request for extension, enter amounts from Form CT-5.9-E, line 8, Columns I and II	1 E	Excise tax on telecommunication		1						
3a If you filed a request for extension, enter amounts from Form CT-5.9-E, line 8, Columns I and II	2 N	MTA surcharge related to teleco	ommunication services (fr	om line 39)	2 ///					
Form CT-5.9-E, line 8, Columns I and II	First	installment of estimated tax:	1							
3b If you did not file Form CT-5.9-E and line 1 is over \$1,000, enter 25% of line 1 in Column I and 25% of line 2 in Column II	3a II	f you filed a request for extens								
enter 25% of line 1 in Column I and 25% of line 2 in Column II		Form CT-5.9-E, line 8, Colum		3a ∎						
4 Total (Column I, add line 1 and line 3a or 3b; Column II, add line 2 and line 3a or 3b)	3b II	f you did not file Form CT-5.9	00,							
Signature of elected officer or authorized person Signature of ele		enter 25% of line 1 in Column	olumn II	3b ∎						
5 Total prepayments (transfer amounts from line 45) 6 Balance (subtract line 5 from line 4) 7 Total excise tax and MTA surcharge balance (add line 6, Column I and line 6, Column II) 8 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached , if none, enter "0") 9 Interest on late payment (see instructions) 10 Late filing and late payment penalties (see instructions) 11 Balance due (add lines 7 through 10; enter payment on line A above) 12 Overpayment (if line 7 is negative, you have a net overpayment; enter that amount as a positive number) 13 Amount of overpayment (subtract line 13 from line 12) 14 Refund of overpayment (subtract line 13 from line 12) 15 Refund of unused tax credits (see instructions) 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 Date Date	4 T	otal (Column I, add line 1 and line	ne 2 and							
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Signature of elected officer or authorized person Official title Date		(0								
Firm's page (account if and applicant)	Certif	fication. I certify that this return	n and any attachments ar	re to the best of my	/ knowledg	e and belief	true,	correct,	and complete.	
Firm's name (or yours if self-employed) Date	Signature of elected officer or authorized person				Official title			Date		
	y V	Firm's name (or yours if self-employed)			ID	number			Date	

Mail your return on or before March 15, 2002, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

Signature of individual preparing this return

Schedule A — New York State excise tax on telecommunication services (Tax Law section 186-e) Gross charges from: 16 16 Intrastate services (see instructions) 17 Interstate and international services that originate or terminate within New York State and are charged 17 to a service address in New York State (see instructions) 18 Ancillary or incidental services or from equipment provided in connection 18 with telecommunication services (see instructions) Total gross charges 19 Total gross charges (add lines 16 through 18) 19 Exclusions and deductions from gross charges 20 Exclusions and allowance for bad debts (see instructions; attach breakdown) 20 Computation of tax due: 21 21 Gross charges subject to tax (subtract line 20 from line 19) 22 Tax rate 22 .025 23 Excise tax on telecommunication services (multiply line 21 by line 22) 24 24 Resale credit (see instructions) 25 25 Multi-jurisdictional credit (see instructions) 26 Total credits (add lines 24 and 25) 26 27 Balance due (subtract line 26 from line 23; enter here and on line 1) 27 Schedule B — MTA surcharge related to telecommunication services (Tax Law section 186-c(1)(b)) Gross charges from: 28 Intra-MCTD services 28 29 Inter-MCTD (including intrastate, interstate, and international) services that originate or terminate within the MCTD and are charged to a service address in the MCTD 29 30 Ancillary or incidental services or from equipment provided in connection with telecommunication 30 services provided within the MCTD...... Total gross charges 31 Total gross charges (add lines 28 through 30) 31 Exclusions and deductions from gross charges 32 Exclusions and allowance for bad debts (attach breakdown) 32 Computation of tax due: 33 33 Gross charges subject to tax (subtract line 32 from line 31)00595 **34** MTA surcharge rate (3.5% × 17%) 34 35 MTA surcharge on telecommunication services (multiply line 33 by line 34) 35 36 Resale credit (see instructions for line 24) 36 37 37 Multi-jurisdictional credit (see instructions for line 25) 38 Total credits (add lines 36 and 37) 38 39 Balance due (subtract line 38 from line 35; enter here and on line 2) 39 Column I Column II Composition of prepayments claimed on line 5 Section 186-e MTA surcharges Date paid Amount Amount 40 Mandatory first installment 40 41a Second installment from Form CT-400 41a 41c Fourth installment from Form CT-400 41c 42 Payment with extension request, Form CT-5.9-E, line 11, columns I and II 43 Overpayment credited from prior years 43 44 44 Overpayment credited from Form CT-__

45

45 Total prepayments (total all entries on lines 40 through 44 in Columns I and II; enter

here and on line 5, Columns I and II)