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CT-186-EZ | 2004

New York State Department of Taxation and Finance

Telecommunications Tax Return — Short Form

Amended return ☐

Tax Law — Article 9, Sections 186-e and 186-c

For calendar year 2004

Employer identification number	File number	Business telephone number ( )		If you claim an overpayment, mark an **X** in the box ☐

Legal name of corporation	Trade name/DBA

Mailing name *(if different from legal name above)* c/o	State or country of incorporation	Date received (for Tax Department use only)

Number and street or PO box	Date of incorporation	

City State ZIP code	Foreign corporations: date began business in NYS	

NAICS business code number *(see instructions)*	If address above is new, mark an **X** in the box ☐	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, or by fax or phone. See the *Need help?* section of the instructions.	Audit (for Tax Department use only)
Principal business activity			

Did you provide telecommunication services in the Metropolitan Commuter Transportation District (MCTD) during this tax year? *(mark an **X** in the appropriate box)* If *Yes*, you must complete Schedule B *(see instructions)* .... Yes ● ☐   No ● ☐

A. Pay amount shown on line 11. Make check payable to: ***New York State Corporation Tax*** Attach your payment here. Detach all check stubs.	**A.**	Payment enclosed

Computation of tax

		Column A — NYS		Column B — MTA	
1 Excise tax on telecommunications services *(from line 29)*	**1.**				
2 MTA surcharge related to telecommunication services *(from line 42)*	**2.**				
First installment of estimated tax:					
3a If **you filed** a request for extension, enter amounts from Form CT-5.9-E, line 8, columns A and B	**3a.**				
3b If **you did not file** Form CT-5.9-E and line 1 is over $1,000, see instructions	**3b.**				
4 Total *(Column A, add line 1 and line 3a or 3b; Column B, add line 2 and line 3a or 3b)*	**4.**				
5 Total prepayments *(transfer amounts from line 48)*	**5.**				
6 Balance *(subtract line 5 from line 4)*	**6.**				
7 Total excise tax and MTA surcharge balance *(add line 6, Column A and line 6, Column B)*	**7.**				
8 Penalty for underpayment of estimated tax *(mark an **X** in the box if Form CT-222 is attached)* ☐	**8.**				
9 Interest on late payment *(see instructions)*	**9.**				
10 Late filing and late payment penalties *(see instructions)*	**10.**				
11 Balance due *(add lines 7 through 10; enter payment on line A above)*	**11.**				
12 Overpayment *(if line 7 is negative, you have a net overpayment; enter that amount as a positive number)*	**12.**				
13 Amount of overpayment to be credited to next period *(see instructions)*	**13.**				
14 Refund of overpayment *(subtract line 13 from line 12)*	**14.**				
15 Refund of unused tax credits *(see instructions)*	**15.**				

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

Signature of authorized person	Official title	Date

Paid preparer use only	Signature of individual preparing this return	Firm's name *(or yours if self-employed)*		
	Address	City State ZIP code	ID number	Date

Mail your return on or before March 15, 2005, to:

**NYS CORPORATION TAX
PROCESSING UNIT
PO BOX 22038
ALBANY NY 12201-2038**

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Schedule A — New York State excise tax on telecommunication services (Tax Law section 186-e)

Gross charges from:

16 Intrastate services *(see instructions)* .... ●	**16.**	
17 Interstate and international services that originate or terminate within New York State and are charged to a service address in New York State *(see instructions)* .... ●	**17.**	
18 Mobile telecommunications *(see instructions)* .... ●	**18.**	
19 Ancillary or incidental services or from equipment provided in connection with telecommunication services *(see instructions)* .... ●	**19.**	
20 Total gross charges *(add lines 16 through 19)* .... ●	**20.**	
21 Exclusions and allowance for bad debts *(see instructions; attach breakdown)* .... ●	**21.**	

Computation of tax due:

22 Gross charges subject to tax *(subtract line 21 from line 20)* .... ●	**22.**	
23 Tax rate	**23.**	0.025
24 Excise tax on telecommunication services *(multiply line 22 by line 23)*	**24.**	
25 Resale credit *(see instructions)* .... ● **25.**		
26 Multi-jurisdictional credit *(see instructions)* .... ● **26.**		
27 Long-term care insurance credit *(attach Form CT-249)* .... ● **27.**		
28 Total credits *(add lines 25, 26, and 27)* .... ●	**28.**	
29 Balance due *(subtract line 28 from line 24; enter here and on line 1)* .... ●	**29.**	

Schedule B — MTA surcharge related to telecommunication services (Tax Law section 186-c(1)(b))

Gross charges from:

30 Intra-MCTD services .... ●	**30.**	
31 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 .... ●	**31.**	
32 MCTD mobile telecommunications services .... ●	**32.**	
33 Ancillary or incidental services or from equipment provided in connection with telecommunication services provided within the MCTD .... ●	**33.**	
34 Total gross charges *(add lines 30 through 33)* .... ●	**34.**	
35 Exclusions and allowance for bad debts *(attach breakdown)* .... ●	**35.**	

Computation of tax due:

36 Gross charges subject to tax *(subtract line 35 from line 34)* .... ●	**36.**	
37 MTA surcharge rate *(3.5% × 17%)*	**37.**	0.00595
38 MTA surcharge on telecommunication services *(multiply line 36 by line 37)*	**38.**	
39 Resale credit *(see instructions for line 25)* .... ● **39.**		
40 Multi-jurisdictional credit *(see instructions for line 26)* .... ● **40.**		
41 Total credits *(add lines 39 and 40)* .... ●	**41.**	
42 Balance due *(subtract line 41 from line 38; enter here and on line 2)* .... ●	**42.**	

Composition of prepayments claimed on line 5 *(see instructions)*

		Date paid	Column A — Section 186-e Amount	Column B — MTA surcharge Amount
43 Mandatory first installment...............................	**43.**			
44a Second installment from Form CT-400	**44a.**			
44b Third installment from Form CT-400	**44b.**			
44c Fourth installment from Form CT-400	**44c.**			
45 Payment with extension request, Form CT-5.9-E, line 11, columns A and B	**45.**			
46 Overpayment credited from prior years	**46.**			
47 Overpayment credited from Form CT-_____	**47.**	Period		
48 Total prepayments *(total all entries on lines 43 through 47 and from attachment sheet in Columns A and B; enter here and on line 5, Columns A and B)*	**48.**			

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