

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax Return

For continuing section 186 taxpayers only (certain independent power producers)
Tax Law — Article 9, Section 186

	return										For ca	alendar	year 20	U
E	oyer identification number File number Business telephone number								claim an syment, mark	\equiv				
					()							the box	
L	egal name of corporation							Trade name/DB	Α					
N	Mailing name (if different from legal name	ing name (if different from legal name above) and address State or country of incorpora						of incorporation	Date received (for Tax Department use only)					
c	/o													
١	lumber and street or PO box							Date of incorpo	oration					
C	Sity			State	ZIP code			Foreign corporat business in NYS	ions: date began					
١	CS business code number (from federal return) If address above is new, mark an X in the box If your name, employer identification or owner/officer information has chan Form DTF-95. If only your address has				n has changed	as changed, you must file			Audit (for Tax Department use only)					
F	rincipal business activity				our Web		none, or	u can get these by fax. See th						
letı	opolitan transportation be	usi	ness tax (MT	A surcharg	e)									
	ou do business in the Metro		•	_	•	istrict (N	ICTD)	? (mark an X	in the approp	riate b	ox below	/)	_	_
Ye	s, you must also file Form C	T-1	86-M (see inst	tructions)								Yes	No	
Ą.	Pay amount shown on line	15.	. Make check	payable to:	New Yo	rk State	Corp	oration Ta	X		Pa	ayment en	closed	
<u> </u>	Attach your payment here.	De	tach all check	stubs.						A.				
or	nputation of tax													
1	Tax on gross earnings (from	line								1.				
2	Tax on dividends (from line 3	6) .							•	2.				
3	Total tax (add lines 1 and 2)								•	3.				
4	Minimum tax									4.			125	00
5	Franchise tax (amount from I	ine .	3 or line 4, whic	chever is large	er)					5.				
6	Tax credits: Mark an X in the	e b	ox(es) to indic	cate the forn	n(s) file	d and at	tach fo	orm(s) CT	-40 ●□					
	CT-41 •□ CT-43 •□									6.				
7	Net franchise tax (subtract lin	ne 6	6 from line 5)							7.				Т
	First installment of estimate	d ta	ax for next per	riod:										Г
	If you filed a request for extended		•		orm CT	-5.9, line	2			8a.				
	If you did not file Form CT-5													Т
	Total (add lines 7 and 8a or 8b													Т
	Total prepayments (from line	•												Т
	Balance (if line 10 is less than													T
	Penalty for underpayment o		•		,									Т
	Interest on late payment (se		•											Т
	Late filing and late payment													T
	Balance due (add lines 11 th													T
	Overpayment (if line 9 is less		-							16.				T
	Amount of overpayment to I					•								T
	Balance of overpayment (su			-										T
	Amount of overpayment to													T
	Refund (subtract line 19 from									20.				T
	ification: I certify that this r									ue, c	orrect, a	and com	nplete.	
	ature of authorized person		, 				Official			, -		Date		
Jaici Ily	Signature of individual preparing the	nis r	eturn	Firm's na	ame (or yo	ours if self-er	nployed)							
use only	Address		(City	State	. ZI	P code	ID nu	mber			Date		_

Mail your return on or before March 15, 2006, to: NYS CORPORATION TAX

Federal return filed; attach copy: ☐ 1120

PROCESSING UNIT PO BOX 22038 ALBANY NY 12201-2038

Other:

SCI	nedule A — Computation of gross earnings tax and allocate		N.I	A Varie	Ctata		Б			
	percentage/issuer's allocation percentage			ew York	State		Everywhere			
	Gross earnings from operating revenue	21.								
	Gross earnings from interest	22. 23.								
	Gross earnings from dividends	•								
	Gross earnings from other revenues									
	Total (add lines 21 through 24)		_							
	Tax computation (multiply line 25, column A, by .0075; enter here and on line 1)	26.								
	Allocation percentage/issuer's allocation percentage (divide line 21, co						%			
Schedule B — Computation of allocated dividend tax (based on the period January 1, 2005, through December 31, 2005)										
	Number of shares of common stock issued									
29	Number of shares of preferred stock issued	29.								
30	Actual amount of paid-in capital		30.							
31	Amount of capital on which dividends were paid	•	31.							
32	Total dividends paid in calendar year 2005	•	32.							
33	Enter 4% (.04) of line 31	•	33.							
34	Net dividends (subtract line 33 from line 32)	•	34.							
35	Allocated dividends (multiply line 34 by percentage (%) on line 27)		35.							
	Tax computation (multiply line 35 by .045; enter here and on line 2)					36.				
Sch	nedule C — Reconciliation of retained earnings (based on the	ie pe	riod Ja	anuary 1	, 2005, thre	ough	December 31, 2005)			
37	Balance beginning of period					37.				
38	Net increase					38.				
39	Other additions		39.							
40	Total (add lines 37, 38, and 39)		40.							
41	Dividends•	41.								
42	Other deductions	42.								
43	Total (add lines 41 and 42)	<u>-</u>				43.				
44	Balance end of period (subtract line 43 from line 40)					44.				
Co	mposition of prepayments claimed on line 10 (If you need ad	lditior	nal spa	ice, ente	r all relevan	t prep	payment information on a			
	arate sheet, and write see attached in this section. Transfer the total						•			
					Date pa	id	Amount			
45	Mandatory first installment			45.						
46a	Second installment from Form CT-400									
46b	Third installment from Form CT-400									
46c	Fourth installment from Form CT-400									
47	Payment with extension request from Form CT-5.9, line 5									
	Overpayment credited from prior years		48.							
49	District					49.				
	Total prepayments (add lines 45 through 49; enter here and on line 10)		50.							
							·			