



CT-186-P

Amended return

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income

Tax Law — Article 9, Section 186-a

For calendar year 2005

Staple forms here

Employer identification number		File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)	
City State ZIP code			Date of incorporation		
NAICS business code number (from federal return)	If address above is new, mark an X in box <input type="checkbox"/>	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, by phone, or by fax. See the <i>Need help?</i> section of the instructions.			Audit (for Tax Department use only)
Date corporation came under the supervision of the NYS Department of Public Service					

Type of service or commodity you sell (mark an X in all boxes 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

Metropolitan transportation business tax (MTA surcharge) (mark an X in the appropriate box below)

Do you do business in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-186-P/M (see instructions) ... Yes No

Do not file Form CT-186-P — If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*.

A. Pay amount shown on line 13. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed	
	A.	

Computation of tax

1 Tax on gross income (enter amount from line 22).....	•	1.	
2 Long-term care insurance tax credit (attach Form CT-249; see instructions)	•	2.	
3 Tax after long-term care insurance tax credit (subtract line 2 from line 1)	•	3.	
4 Power for jobs tax credit (see instructions)	•	4.	
5 Net tax (subtract line 4 from line 3)	•	5.	
First installment of estimated tax for next period:			
6a If you filed a request for extension, enter amount from Form CT-5.9, line 2.....	•	6a.	
6b If you did not file Form CT-5.9 and line 5 is over \$1,000, see instructions; otherwise enter 0	•	6b.	
7 Total (add lines 5 and 6a or 6b)	•	7.	
8 Total prepayments (enter amount from line 30)	•	8.	
9 Balance (if line 8 is less than line 7, subtract line 8 from line 7)	•	9.	
10 Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	10.	
11 Interest on late payment (see instructions)	•	11.	
12 Late filing and late payment penalties (see instructions)	•	12.	
13 Balance due (add lines 9 through 12; enter payment here and on line A above)	•	13.	
14 Overpayment (if line 7 is less than line 8, subtract line 7 from line 8)	•	14.	
15 Amount of overpayment to be credited to next period.....	•	15.	
16 Balance of overpayment (subtract line 15 from line 14).....	•	16.	
17 Amount to be credited to Form CT-186-P/M.....	•	17.	
18 Amount of overpayment to be refunded (subtract line 17 from line 16)	•	18.	

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, 2006, to:

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

41301050094

Computation of gross income — receipts from the transportation, transmission, or distribution of gas or electric service

19	Receipts from transportation, transmission, or distribution of gas or electricity	19.	
20	Allowable exclusions from receipts on line 19 (see instructions)	20.	
21	Net receipts from transportation, transmission, or distribution of gas or electricity after allowable exclusions (subtract line 20 from line 19; enter here and on line 22; see instructions)	21.	

Computation of tax on gross income

22	Multiply line 21 receipts by rate (see instructions)		× .02	22.	
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Composition of prepayments claimed on line 8 (see instructions)

		Date paid	Amount
23	Mandatory first installment	23.	
24	Second installment from Form CT-400	24.	
25	Third installment from Form CT-400	25.	
26	Fourth installment from Form CT-400	26.	
27	Payment with extension request, Form CT-5.9, line 5	27.	
28	Overpayment credited from prior years	28.	
29	Overpayment credited from Form CT-186-P/M <input type="text" value="Period"/>	29.	
30	Total prepayments (add lines 23 through 29; enter here and on line 8)	30.	