

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

Tax Law - Article 9, Section 186 Amended For calendar year 2009 return 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) and address c/o Number and street or PO box Date of incorporation Foreign corporations: date began business in NYS City ZIP code NAICS business code number (from federal return) If address/phone Audit (for Tax Department use only) If you need to update your address or phone information for corporation tax, or other tax mark an X in the box types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address Principal business activity option. Otherwise, see Business information in the Metropolitan transportation business tax (MTA surcharge) Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box) Pay amount shown on line 15. Make payable to: New York State Corporation Tax Payment enclosed Attach your payment here. Detach all check stubs. (See instructions for details.) Computation of tax 1 Tax on gross earnings (from line 26) 1. 2 Tax on dividends (from line 36) 2. 3. 3 Total tax (add lines 1 and 2) 4 Minimum tax..... 4. 125 00 5 Franchise tax (amount from line 3 or line 4, whichever is larger) 6 Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s) CT-40 ● CT-41 ●□ CT-43 ●□ CT-243 ●□ CT-631 ●□ DTF-630 ●□ CT-249 ●□ Other credits (see instructions) • 6. 7 Net franchise tax (subtract line 6 from line 5) 7. First installment of estimated tax for next period: 8b If you did not file Form CT-5.9 and line 7 is over \$1,000, enter 25% of line 7 (see instructions)....... ■ 8b. 9 Total (add lines 7 and 8a or 8b) 9. 10 Total prepayments (from line 50) 10. 11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)..... 11. 12 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)

Federal return filed; attach copy:	□ 1120	☐ Other:	
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Sch	nedule	A ·	 Computation of gross earnings tax and alloca percentage/issuer's allocation percentage 			New	A York	State			B Everyw	here	
21	Gross	earr	nings from operating revenue	21.	•				•				
22			nings from interest	22.	++				•				
23			nings from dividends	23.	1-1				•				
24			nings from other revenues	24.	+-+				•				
25			ines 21 through 24)	25.	_				•				
26			tation (multiply line 25, column A, by .0075; enter here and on line 1)	26.	++								
			percentage/issuer's allocation percentage (divide line 21, o		_	A. by line	21. cc	olumn B) •	2	7.			%
			- Computation of allocated dividend tax (based on								ember	31, 2009	
			f shares of common stock issued	28.	i -			· · · · · ·		<u> </u>		· .	
29	Numb	er of	f shares of preferred stock issued										
30	Actual	l am	ount of paid-in capital						30).			
31								3	1.				
32			ends paid in calendar year 2009										
33			(.04) of line 31							3.			
34			nds (subtract line 33 from line 32)							1.			
35	Alloca	ited (dividends (multiply line 34 by percentage (%) on line 27)						3	5.			
36			utation (multiply line 35 by .045; enter here and on line 2)						30	6.			
Sch	nedule	C -	 Reconciliation of retained earnings (based on the 	he pe	eri	od Janu	ary 1	, 2009, thr	ouç	gh Dec	ember	31, 2009))
37	Baland	ce b	eginning of period						3	7.			
38	Net in	crea	se						38	3.			
39	Other	add	itions						39	9.			
40	Total (add I	ines 37, 38, and 39)	. <u></u>					40).			
41			•	41.									
42	Other	ded	uctions	42.									
43			ines 41 and 42)						4:	_			
			nd of period (subtract line 43 from line 40)										
			of prepayments claimed on line 10 (If you need ac							repaym	ent info	ormation o	n a
sep	eparate sheet, and write see attached in this section. Transfer the total to line 10, <i>Total prepayments</i> .)									۸۰۰	ount		
45	N / a .a al .	_4	. Such in the line and	Date p				Date pa	ııu		AII	ount	
		-	/ first installment				45.						
			stallment from Form CT-400llment from Form CT-400				46a.						
			tallment from Form CT-400			<u> </u>	46b.						
							46c. 47.						
	-		with extension request from Form CT-5.9, line 5			_			140				
			ent credited from prior years	• • • • • • • • • • • • • • • • • • • •	••••				48				
			ent credited from Form CT-186-M Period						50	$\overline{}$			
50	iotai p	orepa	ayments (add lines 45 through 49; enter here and on line 10)						5	J.			
Th	ird – pa	arty	Yes No Designee's name (print)							Designe	e's phon	e number	
	designe		Designee's e-mail address							1	Ϊ,		
	e instruct										PIN		
Cer	tificati	on:					edge	and belief	true	e, corre	ct, and	complete	÷.
A	uthoriz	zed	Signature of authorized person	1	JIII	icial title							
	persor		E-mail address of authorized person								Date		
	1	Eirm	's name (or yours if solf ampleyed)							IID s	mbor		
F	Paid	Lim	's name (or yours if self-employed)	ID num						IIDEI			
1 -	eparer									ate	ZIP code		
	use only	E-ma	ail address of individual preparing this return								Date		

See instructions for where to file.