

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 18	6	
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Findpoint       But not be an an object of the second state of the		Amended return	Tax Law — Artic	le 9, Section 186		For ca	alendar year <b>201</b> 4
Legal name of corporation          Legal name of comparation       Task name (f)         Nating name of different from legal name aboved and address       dotter or county of incorporation         Civ       Date of incorporation         Number and stead or PO box       Date of incorporation         Civ       Status         MACEs business code number (low legal name aboved and address       foregre corporation at a status in the low information for corporation factors or phone information in Form CF1-1.         Wetropolitan transportation business tax (MTA surcharge)       Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)         If Yes, you must also file Form CF1-86-M (see instructions)	1	Employer identification number (EIN)	File number	Business telephone numbe	r		
Waiting name (if allwest from logal name above) and addeess       Bate or sourchy of incorporation       Date modeled from Tax Department case only         Org       Bate of PO box       Date of incorporation       Date of incorporation       Date of incorporation         Date of incorporation       Date of incorporation       Date of incorporation       Audit for Tax Department case only         Multiple and allwest of PO box       Date of incorporation tax, or other tax       Audit for Tax Department case only         Multiple and allwest of PO box       If you need to update your address or phone information for corporation for corporation for corporation tax, or other tax       Audit for Tax Department case only         Multiple transportation business tax (MTA surcharge)       Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)       Yes       No         Match your payment here. Detach all check stubs. (See instructions for details.)       A       A       Image: tax on dividends from line 20       Image: tax on dividends from line 30       A       Image: tax on dividends from line 30				( )			
do       Date of incorporation         inform and street or P0 box       Date of incorporation         City       State         INACS business code number from NVS PAB 9010       It address inform         INS principal business activity       It address inform         INY principal business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)       Audit for Tax Department use only         If Yes, you must also file Form CT-186-M (see instructions)       Yes       No         A Rey amount shown on line 15. Make payable to: New York State Corporation Tax       Yes       No         A Tax on gross earnings from line 260       I       2       2         3 Total tax (add lines 1 and 2).       I       1       2       3         4 Minimum tax       In the box of the Corporation for solutions for details.       I       2       3         6 Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or are you the owner of an entity convicted of an offense, or and you benconvicted take		Legal name of corporation			Trade name/DBA		
Number and stated or PO box       Date of incorporation         City       State       ZP code       Fridge computation         MACS business code number from XVS Pub 2010       If you need to update your address or phone access or phone more stark in Fib box.       Audit for Tax Department use only         NVS principal business archivity       If you need to update your address or phone more stark (MTA surcharge)       Audit for Tax Department use only         Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)       Yes       No         If Yes, you must also file Form CT-186-M (see instructions)       Yes instructions for details.)       Payment enclosed         Computation of tax       1       Tax on gross earnings from line 26)       1       2         1       Tax on gross earnings from line 26)       3       1       3       1       2         3       Total tax (add lines 1 and 2)       4       1       2       3       1	Γ	Mailing name (if different from legal name above) and	d address		State or country of incorpo	ration Date received (for	or Tax Department use only)
City       State       ZIP code       Foregot compositions data begins         NMCS business code number from NMS Pub 910       If address phone mark in X is the box mark in the box mark in the box mark in X is the box mark in the box mark in X is the box mark in X is the		c/o					
NulCS business code number (from WY Full 970)       If address phone more an X is the box       If you need to update your address or phone information for corporation tax, or other tax, types, you can do so online. See Business information in Form CT-1.       Audit (for Tax Department use only)         Metropolitan transportation business tax (MTA surcharge)       Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)       Yes you must also file Form CT-186-M (see instructions)       Yes         A. Pay amount shown on line 15. Make payable to: New York State Corporation Tax A tach your payment here. Detach all check stubs. (See instructions for details.)       A       Payment enclosed         1 Tax on gross earnings (from line 26)       •       1       2       3       1         2 Tax on dividends (from line 30)       •       1       2       3       1       2         3 Total tax (add lines 1 and 2)       •       0       3       1       2       3         4 Minimum tax       4       125 00       5       6       6       5       6         6 Tax coll: star (add lines 1 and 2)       •       0       -       5       6       6         6 Tax coll: star (arount from line 3 or line 4, whichever is larger)       •       5       6       6       6       6       6       7       7       6       6	1	Number and street or PO box			Date of incorporation		
Indomestic mark an X in the box       If you need to update your address or phone information for corporation tax, or other tax information for corporation tax, or other tax information in Form CT-1.         Metropolitan transportation business tax (MTA surcharge)       Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box) iffers, you must also file Form CT-186-M (see instructions).       Yes journess in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box) iffers, you must also file Form CT-186-M (see instructions).       Yes journess in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box) iffers, you must also file Form CT-186-M (see instructions) iffers in the set of tax in the communication of tax         A       Pay amount shown on line 15. Make payable to: New York State Corporation Tax       Payment enclosed         A       Payment form line 26)       1       Image: State St	•	City	State	ZIP code		egan	
Imark an X in the tox       information for corporation tax, or orbor tax         INVS principal business activity       information for Corporation tax, or other tax         types, you can do so online. See Business       information in Form CT-1.         Metropolitan transportation business tax (IMTA surcharge)       Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)       Intervent of the provide tax in the intervent of the provide tax intervent on the intervent of the provide tax intervent on the intervent of the provide tax intervent on the intervent on the provide tax in the provide tax intervent on the provide tax in the pro	ľ	NAICS business code number (from NYS Pub 910)		☐ If you need to update	your address or phor	Audit (for Tax De	partment use only)
Metropolitan transportation business tax (MTA surcharge)   Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)   A Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A Tax on gross earnings (from line 26)   2 Tax on dividends (from line 36)   3 Total tax (add lines 1 and 2)   3 Total tax (add lines 1 and 2)   4 Minimum tax   4 Minimum tax   4 Mark (add lines 1 and 2)   6 Franchise tax (mount from line 3 or line 4, whichever is larger)   6 Iax credits: Mark an X in the box(es) to indicate the form(s)   CT-40 C CT-41 C CT-43 C CT-243 C CT-249 C CT-51 C C bot   CT-40 C CT-611 C CT-631 C CT-243 C CT-249 C CT-501 C B b   6 D Tax credits: Mark an X in the box(es) to indicate the form CT-5.9, line 2   8 a generation of the X or next period:   8 a generation of the X or next period:   8 a generation of the X or next period:   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   9 Total (		NYS principal business activity		information for corpor types, you can do so o	ation tax, or other tax online. See Business		
Do you do business in the Metropolitan Commuter Transportation District (MCTD)? ( <i>mark an X in the appropriate box</i> ) If Yes, you must also file Form CT-186-M (see instructions)				information in Form C	T-1.		
If Yes, you must also file Form CT-186-M (see instructions) Yes   A pay amount shown on line 15. Make payable to: New York State Corporation Tax   A tatach your payment here. Detach all check stubs. (See instructions for details.)   Computation of tax   1 Tax on gross earnings (from line 26)   2 Tax on dividends (from line 36)   3 Total tax (add lines 1 and 2)   4 Minimum tax   4 Minimum tax   4 Minimum tax   6 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)   CT-40 • CT-41 • CT-43 • CT-243 • CT-243 • CT-249 • CT-501 • C   CT-502 • CT-631 • DTF-630 • Other credits (see instructions) • • • • • • • • • • • • • • • • • • •							
A. Pay amount shown on line 15. Make payable to: New York State Corporation Tax   A. Hatach your payment here. Detach all check stubs. (See instructions for details.)   Computation of tax   1 Tax on gross earnings (from line 26)   2 Tax on dividends (from line 36)   3 Total tax (add lines 1 and 2)   4 Minimum tax   4 Stranchise tax (anount from line 3 or line 4, whichever is larger)   5 Franchise tax (anount from line 3 or line 4, whichever is larger)   6a Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)   CT-40 •   CT-41 •   CT-52 •   CT-631 •   DTF-630 •   Other credits (see instructions)   •   7   First installment of estimated tax for next period:   8a   8b If you did not file Form CT-5.9 and line 7 is over \$1,000, enter 25% of line 7 (see instructions)   9   10   11   12   13   14    14   15   16   17   18   19    10   11   11   12   13   14    15    16   17    18    19    10   111   112   12    13    14 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Attach your payment here. Detach all check stubs. (See instructions for details.)   Computation of tax   1 Tax on gross earnings (from line 26)   2 Tax on dividends (from line 36)   3 Total tax (add lines 1 and 2)   4 Minimum tax   4 Minimum tax   5 Franchise tax (add lines 1 and 2)   6 Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in   New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)   6b Tax credits: Mark an X in the box(es) to indicate the form(s)   CT-40 C   CT-40 C   CT-41 C   CT-631 C   DTF-630 C   CT-502 C   CT-631 C   CT-631 C   DTF-630 C    CT-502 C   CT-631 C   DTF-630 C   CT-644 (ine 7 race and the estimated tax for next period:   8a   8b   9    10 Total arequest for extension, enter amount from Form CT-5.9, line 2   8a   9   11   12   13 latered tax penalty (see instructions)   14   15   16   17   18 Balance div (il line 3 is scharal line 10, subtract line 9 form line 9)   14   15   16   17   18 Balance do verpayment toe be credited to form CT-186-M   10   11   12   13   14    15   16 <t< td=""><td>_</td><td></td><td>,</td><td></td><td></td><td></td><td></td></t<>	_		,				
1       Tax on gross earnings (from line 26)       1         2       Tax on dividends (from line 36)       2         3       Total tax (add lines 1 and 2)       3         4       Minimum tax       4       125 00         5       5       5         6a       Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in       New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)       Yes • No • •         6b       Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s)       •       •         6b       CT-40 • CT-41 • CT-43 • CT-243 • CT-243 • CT-249 • CT-510 • •       •       •       •         6b       CT-502 • CT-631 • DTF-630 • Other credits (see instructions) • •       •       •       •         7       First installment of estimated tax for next period:       8a       8a       •       •         8a       19 vou filed a request for extension, enter amount from Form CT-5.9, line 2       • <td><b>Ä</b></td> <td>Attach your payment here. Detacl</td> <td>h all check stubs. (Se</td> <td>e instructions for details</td> <td>.)</td> <td></td> <td></td>	<b>Ä</b>	Attach your payment here. Detacl	h all check stubs. (Se	e instructions for details	.)		
2 Tax on dividends (trom line 36)       2         3 Total tax (add lines 1 and 2)       3         4 Minimum tax       4         1 Total tax (add lines 1 and 2)       4         4 Minimum tax       4         1 Tax on dividends (trom line 3 or line 4, whichever is larger)       5         6a Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in         New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)       Yes • No • [         6b 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-249 • [       CT-501 • [       6b         7 Net franchise tax (subtract line 6b from line 5)       First installment of estimated tax for next period:       8a       8a       8b       9       6b         8a 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       9       10         10 total prepayments (from line 50)       11       12       13       14       14       14         11 Salance (if line 10 is less than line 9, subtract line 10 from line 9)       11       13       14       14       15       16         12 corepayment (from line 50)       Interest on late payment pen	Cor	nputation of tax			•		
3 Total tax (add lines 1 and 2)   4 Minimum tax   4 Minimum tax   6 Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in   8 New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)   6b Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s)   CT-40 • CT-41 •   CT-502 • CT-631 •   Total tax (add lines 7 and 8a or 8b)   9 Total add lines 7 and 8a or 8b)   10 Total prepayments (from line 50)   11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)   14 Late filing and late payment (see instructions)   15 Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)   16 Overpayment (if line 9 is less than line 10, subtract line 10 from line 10)   16 Amount of overpayment to be credited to next period.   17 Halance of overpayment to be credited to next period.   18 Jance due (add lines 11 through 14 and enter here; enter payment amount on line A above)   15   16 Overpayment (if line 9 is less than line 10, subtract line 10 from line 10)   16 Deverpayment (if line 9 is less than line 10, subtract line 17 from line 16)   17   18 Balance of overpayment to be credited to next period.   19   200 Overpayment to be credited to Form line 18)   200 Deverpayment to be reduided to rest period.	1	Tax on gross earnings (from line 26)	)			• 1	
4 Minimum tax   6 Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in   New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)   6b Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s)   CT-40 • CT-41 •   CT-502 • CT-631 •   Other credits: Mark an X in the box(es) to indicate the form (ine 5)   First installment of estimated tax for next period:   8a   8a   8b   9   10   11   12   13   14   14   15   16   14   15   8alance due (add lines 11 through 14 and enter here; enter payment amount on line A above)   16   17   18   19   200 verpayment to be credited to Form CT-186-M   19   200   201	2	Tax on dividends (from line 36)				• 2	
<ul> <li>5 Franchise tax (amount from line 3 or line 4, whichever is larger)</li> <li>6a Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)</li> <li>6b Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s)</li> <li>CT-40 • CT-41 • CT-43 • CT-243 • CT-243 • CT-249 • CT-501 • 6b</li> <li>CT-502 • CT-631 • DTF-630 • Other credits (see instructions) • • • 6b</li> <li>7 Net franchise tax (subtract line 6b from line 5)</li> <li>First installment of estimated tax for next period:</li> <li>8a if you filed a request for extension, enter amount from Form CT-5.9, line 2</li> <li>8a if you filed a request for extension, enter amount from Form CT-5.9 (see instructions) • • • • • • • • • • • • • • • • • • •</li></ul>	3	Total tax (add lines 1 and 2)				•3	
6a       Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in         New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)       Yes ● No ●         6b       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-243 ● CT-501 ●         6b       TA credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s)       6b         CT-40 ● CT-41 ● CT-43 ● CT-43 ● CT-243 ● CT-249 ● CT-501 ●       6b         7       Net franchise tax (subtract line 6b from line 5)       6b         First installment of estimated tax for next period:       7         8a       8b       9         9       0       10         10       11       12         11       12       11         12       11       12         13       14       14         14       15       14         15       0       11         16       17       16         17       16       17         18       11       12         19       10       11         12       11       12         13       14       14	4	4 Minimum tax				125 00	
New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)   6b 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-249 • CT-501 •   6b   7 Net franchise tax (subtract line 6b from line 5)   First installment of estimated tax for next period:   8a If you filed a request for extension, enter amount from Form CT-5.9, line 2   8b   9 Total (add lines 7 and 8a or 8b)   9 Total (add lines 7 and 8a or 8b)   10   11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)   12 Estimated tax penalty (see instructions)   13   14 Late filing and late payment penalties (see instructions)   15   16   17   18 Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)   16   17   18 Balance of overpayment to be credited to Form CT-186-M   19   20a   20b		-					
6b 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-243 • CT-249 • CT-501 •   CT-502 • CT-631 • DTF-630 • Other credits (see instructions) •	6a	-					
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CT-502       CT-631       DTF-630       Other credits (see instructions)       6b         7       Net franchise tax (subtract line 6b from line 5)       7         First installment of estimated tax for next period:       8a         8a       If you filed a request for extension, enter amount from Form CT-5.9, line 2       8a         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       13       11       12         13       Interest on late payment (see instructions)       13       14         14       15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16       17         17       18       Balance of overpayment to be credited to next period       17         18       19       19       19       10         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a       20b <td>6b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	6b						
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8a If you filed a request for extension, enter amount from Form CT-5.9, line 2 8a   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) 12   13 Interest on late payment (see instructions) 13   14 Late filing and late payment penalties (see instructions) 14   15 16   16 Overpayment (if line 9 is less than line 10, subtract line 9 from line 10) 16   17 Amount of overpayment to be credited to next period 17   18 Balance of overpayment to be credited to Form CT-186-M 19   20a 20a   20b 20b	7		,			7	
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)       12         13       Interest on late payment (see instructions)       13         14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       16         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b	0-		-	Farme OT 5 0 line 0		0.0	
9 Total (add lines 7 and 8a or 8b)   10 Total prepayments (from line 50)   11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)   12 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)   13 Interest on late payment (see instructions)   14 Late filing and late payment penalties (see instructions)   15   16 Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)   17 Amount of overpayment to be credited to next period   18 Balance of overpayment to be credited to Form CT-186-M   19   20a Overpayment to be refunded (subtract line 19 from line 18)   20b Refund of unused tax credits (see instructions)							
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)       12         13       Interest on late payment (see instructions)       13         14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b		-			. ,		
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)       12         13       Interest on late payment (see instructions)       13         14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b							
12       Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)       12         13       Interest on late payment (see instructions)       13         14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment (subtract line 17 from line 16)       18         19       Amount of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b							
13       Interest on late payment (see instructions)       13         14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment to be credited to Form CT-186-M       18         19       Amount of overpayment to be refunded (subtract line 19 from line 18)       19         20a       Coverpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b							
14       Late filing and late payment penalties (see instructions)       14         15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment (subtract line 17 from line 16)       18         19       Amount of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b							
15       Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)       15         16       Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)       16         17       Amount of overpayment to be credited to next period       17         18       Balance of overpayment (subtract line 17 from line 16)       18         19       Amount of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b							
161617Amount of overpayment to be credited to next period1718Balance of overpayment (subtract line 17 from line 16)1819Amount of overpayment to be credited to Form CT-186-M1820aOverpayment to be refunded (subtract line 19 from line 18)20a20bRefund of unused tax credits (see instructions)20b							
18       18         19       Amount of overpayment to be credited to Form CT-186-M         20a       Overpayment to be refunded (subtract line 19 from line 18)         20b       Refund of unused tax credits (see instructions)	16	-					
19       Amount of overpayment to be credited to Form CT-186-M       19         20a       Overpayment to be refunded (subtract line 19 from line 18)       20a         20b       Refund of unused tax credits (see instructions)       20b	17						
20a       20a         20b       20b	18	Balance of overpayment (subtract i	line 17 from line 16)			• 18	
20b Refund of unused tax credits (see instructions)	19	Amount of overpayment to be cre	dited to Form CT-18	6-M		• 19	
	20a	Overpayment to be refunded (sub	tract line 19 from line 1	8)		<b>20</b> a	
<b>20c</b> Refundable tax credits to be credited as an overpayment to the next period (see instructions) <b>20c</b>							
	<u>20c</u>	Refundable tax credits to be cred	ited as an overpaym	ent to the next period	(see instructions)	<b>2</b> 0c	

Federal return filed; attach copy: 1120 Other:\_\_\_\_



Sch	edule /	A – Computation of gross earnings tax	k and allocation	n		Α			В		
		percentage/issuer's allocation per	centage (see ins	str.)	New	/ York	State		Everyv	vhere	
21	Gross e	s earnings from operating revenue 21						•			
22	Gross e	s earnings from interest 22 •									
23	Gross e	earnings from dividends		23	•			•			
24	Gross e	bss earnings from other revenues						•			
25	Total (a	dd lines 21 through 24)		25	•			•			
26	Tax corr	putation (multiply line 25, column A, by .0075; enter he	re and on line 1)	26	•						
27	Allocat	ion percentage/issuer's allocation percentag	e (divide line 21, c	olum	nn A, by lin	e 21, co	olumn B) 🛛 🖕	27			%
Sch	edule	B — Computation of allocated divider	nd tax (based o	on th	ne caleno	dar ye	ar covere	d by	this return)		
28	Numbe	r of shares of common stock issued		28							
29	Numbe	Imber of shares of preferred stock issued 29									
30	Actual	tual amount of paid-in capital (see instructions)						30			
31	Amoun	t of capital on which dividends were paid (se	e instructions)				•	31			
32	Total di	vidends paid in the calendar year covered b	y this return				•	32			
33	Enter 4	% (.04) of line 31					•	33			
34	Net div	idends (subtract line 33 from line 32)						34			
35	Allocat	ed dividends (multiply line 34 by percentage (%)	on line 27)					35			
36	Tax cor	mputation (multiply line 35 by .045; enter here an	d on line 2)					36			
Sch	edule	C — Reconciliation of retained earnin	gs (based on t	he c	alendar	year c	overed by	y this	return)		
37	Balanc	e beginning of period						37			
38	Net inc	rease						38			
39	Other a	dditions						39			
40	Total (a	dd lines 37, 38, and 39)						40			
41	Divider	nds	•	41							
42	Other c	leductions		42							
43	Total (a	dd lines 41 and 42)						43			
44	Balanc	e end of period (subtract line 43 from line 40)						44			
		on of prepayments claimed on line 10							payment info	ormation on	na
sepa	arate she	eet, and write <b>see attached</b> in this section.	Transfer the total	to li	ne 10, <i>To</i>	tal pre					
					г		Date pa	aid A		nount	
		tory first installment				45					_
		d installment from Form CT-400				46a					
		stallment from Form CT-400				46b					
		installment from Form CT-400				46c					
		nt with extension request from Form CT-5.9,				47					_
48	Overpa	yment credited from prior years						48			_
49	Overpa	yment credited from Form CT-186-M						49			
50	Total p	repayments (add lines 45 through 49; enter here	and on line 10)					50			
Thi	rd – pai	ty Designee's name (print)						D	esignee's phon	e number	
	esignee							(	)		
	instruction								PIN		
Cerl	tificatio	n: I certify that this return and any attachme	nts are to the bes	st of	my know	/ledge	and belief	true,	correct, and	complete.	
Printed name of authorized person Signature of authorized person Official title							ıl title				
Authorized person         E-mail address of authorized person         Telephone number							Date				
p.	513011						)		Date		
	Paid preparer     Firm's name (or yours if self-employed)     Firm's EIN       Signature of individual preparing this return     Address     City							Preparer's PTI	N or SSN		
-						City			State	ZIP code	
	use				0.09			5000			
	only e instr.)	E-mail address of individual preparing this return				Pr	eparer's NYTI	PRIN	Date		

See instructions for where to file.

