



CT-186

Final return
(see procedure in instructions)

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax Return

Tax Law — Article 9, Section 186

For calendar year 1999

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation		Trade name/DBA	
	Mailing name (if different from legal name) and address		State or country of incorporation	
	c/o Number and street or PO box		Date of incorporation	
	City State ZIP code		Foreign corporations: date began business in NYS	
If address above is new, check box (see instructions) <input type="checkbox"/>		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.		Audit use
Business telephone number ()				
NAICS business code number (see instructions)		Principal business activity		

Metropolitan transportation business tax (MTA surcharge)

Do you do business in the Metropolitan Commuter Transportation District?

(see instructions for list of counties) Yes No If Yes, you must also file Form CT-186-M.

A. Payment — pay amount shown on line 15. Make check payable to: New York State Corporation TaxAttach your payment here.	Payment enclosed
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Computation of tax

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	Franchise tax (amount from line 3 or line 4, whichever is larger)	5	•	
6	Tax credits: Check forms filed and attach forms • <input type="checkbox"/> CT-40 • <input type="checkbox"/> CT-41 • <input type="checkbox"/> CT-43 (see instructions) ..	6		
7	Net franchise tax (subtract line 6 from line 5).....	7		
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	8a		
8b	If you did not file Form CT-5.9 and line 7 is over \$1,000, enter 25% of line 7	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	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	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; enter payment 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 to be credited to Form CT-186-M	19		
20	Refund (subtract line 19 from line 18)	20		

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

Signature of elected officer or authorized person		Official title	Date
Paid preparer use only	Firm's name (or yours if self-employed)		ID number
	Address		Signature of individual preparing this return

Federal return filed (attach copy): 1120 Other: _____

Mail your return on or before March 15, 2000, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

Schedule A — Computation of gross earnings tax and allocation percentage/issuer's allocation percentage		A New York State		B Everywhere	
21	Gross earnings from operating revenue.....	21	•	•	
22	Gross earnings from interest.....	22	•	•	
23	Gross earnings from dividends.....	23	•	•	
24	Gross earnings from other revenues.....	24	•	•	
25	Total (add lines 21 through 24).....	25	•	•	
26	Tax computation (multiply line 25, column A, by .0075; enter here and on line 1).....	26	•		
27	Allocation percentage/issuer's allocation percentage (line 21, column A divided by column B).....	27			%

Schedule B — Computation of allocated dividend tax (based on the period January 1, 1999, through December 31, 1999)

28	Number of shares of common stock issued.....	28			
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 1999.....	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 _____ %, from line 27).....	35			
36	Tax computation (multiply line 35 by .045; enter here and on line 2).....	36			

Schedule C — Reconciliation of retained earnings (based on the period January 1, 1999, through December 31, 1999)

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).....	43			
44	Balance end of period (subtract line 43 from line 40).....	44			

Composition of prepayments claimed on line 10

		Date paid		Amount	
45	Mandatory first installment.....	45			
46a	Second installment.....	46a			
46b	Third installment.....	46b			
46c	Fourth installment.....	46c			
47	Payment with extension request from Form CT-5.9, line 5.....	47			
48	Credit from prior years.....	48			
49	Credit from Form CT-186-M <input type="text" value="Period"/>	49			
50	Total (add lines 45 through 49; enter here and on line 10).....	50			

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Internet access: <http://www.tax.state.ny.us>



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
TAXPAYER CORRESPONDENCE
W A HARRIMAN CAMPUS
ALBANY NY 12227