



CT-186-A

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Operating Income

Tax Law — Article 9, Section 186-a

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.		Business telephone number ()	Date received
NAICS business code number (see instructions)	Principal business activity			Audit use
Nature of business	Name of agent, if any	Date sale of utility services began		

Type of service or commodity you resell (check all 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

The books of the taxpayer are in the care of

Name:

Address:

Do you do business in the Metropolitan Commuter

Transportation District (MCTD)? (see instructions) Yes No If Yes, you must also file Form CT-186-A/M.

Who may not file Form CT-186-A — If you have any receipts from telecommunication services, even if these services are not your primary business, you must file Form CT-186-E or Form CT-186-EZ to report tax under section 186-e of the Tax Law. For more detailed information, see the instructions for Form CT-186-E or Form CT-186-EZ in the packet CT-186-E-P.

A. Payment — pay amount shown on line 9. Make check payable to: New York State Corporation Tax	Payment enclosed
.....Attach your payment here.	

Computation of Tax

1 Tax on gross operating income (amount from line 20)	1	
First installment of estimated tax for next period:		
2a If you filed a request for extension, enter amount from Form CT-5.9, line 2	2a	
2b If you did not file Form CT-5.9 and line 1 is over \$1,000, enter 25% of line 1	2b	
3 Total tax (add lines 1 and 2a or 2b)	3	
4 Total prepayments (amount from line 26)	4	
5 Balance (if line 4 is less than line 3, subtract line 4 from line 3)	5	
6 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	6	
7 Interest on last payment (see instructions)	7	
8 Late filing and late payment penalties (see instructions)	8	
9 Balance due (add lines 5 through 8; enter payment on line A above)	9	
10 Overpayment (if line 3 is less than line 4, subtract line 3 from line 4)	10	
11 Amount of overpayment to be credited to next period	11	
12 Balance of overpayment (subtract line 11 from line 10)	12	
13 Amount of overpayment to be credited to Form CT-186-A/M	13	
14 Amount of overpayment to be refunded (subtract line 13 from line 12)	14	

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

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

Schedule A — Computation of gross operating income (other than telephone and telegraph) for 1/1/99 — 12/31/99

A. Type of commodity	B. Utility purchased from	C. Quantity purchased	D. Purchase price	E. Quantity consumed that was not sold	F. Quantity sold	G. Receipts from quantity sold

Amounts from attached list

15 Total receipts from the sale or furnishing of each commodity (add column G amounts)	15 •
16 Other receipts from services rendered that are directly connected with the sale or furnishing of each commodity listed above ...	16 •
17 Total (add lines 15 and 16)	17
18 Allowable deductions (attach list)	18 •
19 Gross operating income (subtract line 18 from line 17)	19
20 Tax on gross operating income (multiply line 19 by 3.25% (.0325); enter here and on line 1)	20 •

Composition of prepayments claimed on line 4

	Date paid	Amount
21 Mandatory first installment	21	
22a Second installment	22a	
22b Third installment	22b	
22c Fourth installment	22c	
23 Payment with extension request, Form CT-5.9, line 5	23	
24 Credit from prior years	24	
25 Credit from Form CT-186-A/M <input type="text" value="Period"/>	25	
26 Total (add lines 21 through 25; enter here and on line 4)	26	

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.