## CT-186-EZ New York State Department of Taxation and Finance Telecommunications Tax Return — Short Form Tax Law — Article 9, Sections 186-e and 186-c

Final return	Amended return						Fo	or calendar ye	ear 200
Employer identification number		File number Business telephone number			r		If you claim an overpayment, mark		
			(	)				an X in the b	
Legal name of corporation					Trade name/DB	A			
Mailing name (if different from legal name above)						State or country of incorporation Date received (for Tax Department			
c/o	c/o								
Number and street or PO box					Date of incorpor	ration	1		
City		State	ZIP code		Foreign corporation business in NYS	ons: date began			
NAICS business code number (	is new, mark an or owner/officer informati						entification number, address, on has changed, you must		
Principal business activity  Principal business activity  File Form DTF-95. If only you may file Form DTF-9 from our Web site, or by fin the instructions.					your address nas changed, S. You can get these forms ax or phone. See Need help?				
olid you provide telecomr this tax year? (mark an								Voc ■	No <b>I</b>
·						tructions)			
<ul><li>A. Pay amount shown</li><li>Attach your paymer</li></ul>	on line 11. Make p it here. Detach all	ayable to: <b>New Y</b> check stubs. (See	<b>ork State</b> instruction	Corporations for details.	on Tax )		Α.	Payment enclose	3d
Computation of tax					Α -	— NYS		B — MTA	1
1 Excise tax on teleco	mmunications ser	vices (from line 29	9)	1.					
2 MTA surcharge rela				_					
irst installment of esti			(				•		$\neg$
3a If you filed a reques		nter amounts fron	n						
•	Form CT-5.9-E, line 8, columns A and B								
Total (column A, add line 1 and line 3a or 3b; column B, add line 2 and line 3a or 3b) • 4.									
	5 Total prepayments (transfer amounts from line 48)						•		
							•		
,							•		
	Amount of MTA overpayment on line 6b to be transferred to NYS tax (see instructions) • 7a.						•		
<b>7b</b> Amount of NYS overpaym					+		•		$\overline{}$
7c Balance due before									
8 Estimated tax penal	•	•	*				•		
Form CT-222 is atta				• 8.					
9 Interest on late payr	· —				+		•		
10 Late filing and late p				• 10.			•		$\overline{}$
11 Balance due (add lines 7c thro									$\overline{}$
12 Overpayment (see in	•			1			•		$\overline{}$
3a Overpayment credit	,								
<b>3b</b> Overpayment credit	-								
14 Refund of overpaym	-								$\overline{}$
5a Amount of unused to									
<b>5b</b> Refundable tax cred									
chedule A — New Yo	rk State excise t	ax on telecomr	nunicatio	n services	s (Tax Law	section 18	6-e) (see	instructions)	
Fross charges from:									
16 Intrastate services						•	16.		
17 Interstate and intern	ational services th	at originate or te	rminate wi	thin New Yo	rk State				
and are charged to		-				•	17.		
18 Mobile telecommuni	cations services					•	18.		
19 Ancillary services, a	nd services and ed	quipment provide	d in conne	ection with t	elecommuni	cation			
services (add lines							19.		

20 Total gross charges (add lines 16 through 19)								20.			
21 Exclusions and allowance for bad debts (attach breakdown)								21.			
Computation of tax due											
22 Gross charges subject to tax (subtract line 21 from line 20)							22.				
23 Tax rate							23.		0.025		
24	24 Excise tax on telecommunication services (multiply line 22 by line 23)								24.		
25	25 Resale credit				25.						
26	Multijuri	sdictional credit			26.						
27	Tax credit	ts: Mark an X in the box(es) to indicate the form(s) file	ed and a	attach form(s):							
	CT-243	• ☐ CT-249 • ☐ CT-631 • ☐ Other cr	edits (s	ee instrs) •	27.						
<b>28</b> Total credits (add lines 25, 26, and 27)								28.			
29 Balance due (subtract line 28 from line 24; enter here and on line 1)											
Schedule B — MTA surcharge related to telecommunication services (Tax Law section 186-c.									1(b))	(see instructions)	
		-									
Gross charges from:  30 Intra-MCTD services								30.			
	31 Inter-MCTD (including intrastate, interstate, and international) services that originate or terminate								-		
٠.									31		
32	within the MCTD and are charged to a service address in the MCTD										
									32.		
33	33 Ancillary services, and services and equipment provided in connection with telecommunication services provided within the MCTD								33		
24		oss charges (add lines 30 through 33)									
	_	- · · · · · · · · · · · · · · · · · · ·									
		ons and allowance for bad debts (attach bre	akaow	n)				•	35.		
	-	on of tax due							00		
		harges subject to tax (subtract line 35 from li									0.00505
		rcharge rate (3.5% (.035) x 17% (.17))							37.		0.00595
38 MTA surcharge on telecommunication services (multiply line 36 by line 37)							38.		$\longrightarrow$		
39 Resale credit (see instructions for line 25)											
		sdictional credit (see instructions for line 26)									
		edits (add lines 39 and 40)									
		e due (subtract line 41 from line 38; enter here							42.	D 14T2	
Con	npositi	on of prepayments claimed on line	<b>5</b> (see			Α-	— Section			B — MTA surch	arge
				Date pa	aid		Amoui	nt		Amount	
		ory first installment	43.						$\vdash$		
		installment from Form CT-400	44a.								
<b>44b</b> Third installment from Form CT-400		44b.									
44c Fourth installment from Form CT-400									$\sqcup$		
45	Paymen	t with extension request, Form CT-5.9-E,									
		1, columns A and B	45.								
46	Overpa	yment credited from prior years				46.					
47	Overpay	ment credited from Form CT	Period	<u> </u>		47.					
48	Total pro	epayments (total all entries on lines 43 through	h 47 an	d from attacl	hment						
	sheet(	s) in Columns A and $B$ ; enter here and on line $s$	5, Colui	nns A and B	)	48.					
TI	hird –	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions)  Yes								(complete the following)	No 🗌
party designee											
		Designee's name Designee's phone number ( ) Personal number (i								lication	
Cert	ificatio	n. I certify that this return and any attachm	ents a	re to the be	st of	mv knowl	ledge and		,	orrect and comple	ete
<b>Certification.</b> I certify that this return and any attachments are to the best of my knowledge and belief tresignature of authorized person Official title								30, 0	Date		
		·									
Paid preparer use only	Signature	e of individual preparing this return	irm's na	me (or yours if s	self-emp	loyed)					
d pre	6					er		Date			
Paic		o.i.y								1	

See instructions for where to file.