



CT-186-P

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income

Tax Law — Article 9, Section 186-a

For calendar year 1998

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 c/o		State or country of incorporation	
	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 ()	Audit use
Business activity code number (from federal return; see instructions)	<input type="checkbox"/> NAICS <input type="checkbox"/> Other		Date came under the supervision of New York State Department of Public Service	

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

If this is your final return, enter name of new owner, if any

Metropolitan Transportation Business Tax (MTA Surcharge)

Do you do business in the Metropolitan Commuter Transportation District? (see instructions) Yes No If Yes, you must file Form CT-186-P/M.

A. Payment — pay amount shown on line 11. Make check payable to: *New York State Corporation Tax*

Attach your payment here.

Payment enclosed

Computation of Tax			
1 Tax on gross income (amount from line 40)	1		
2 Power for Jobs tax credit (see instructions)	2		
3 Net tax (subtract line 2 from line 1)	3		
First installment of estimated tax for next period:			
4a If a request for extension was filed, enter amount from Form CT-5.9, line 2	4a		
4b If Form CT-5.9 was not filed and line 3 is over \$1,000, enter 25% (.25) of line 3	4b		
5 Total (add lines 3 and 4a or 4b)	5		
6 Total prepayments (from line 46)	6		
7 Balance (if line 6 is less than line 5, subtract line 6 from line 5)	7		
8 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")	8		
9 Interest on late payment (see instructions)	9		
10 Late filing and late payment penalties (see instructions)	10		
11 Balance due (add lines 7 through 10; enter payment on line A above)	11		
12 Overpayment (if line 5 is less than line 6, subtract line 5 from line 6)	12		
13 Amount of overpayment to be credited to next period	13		
14 Balance of overpayment (subtract line 13 from line 12)	14		
15 Amount to be credited to Form CT-186-P/M	15		
16 Amount of overpayment to be refunded (subtract line 15 from line 14)	16		

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	Date
	Address		Signature of individual preparing this return

Mail your return on or before March 15, 1999, to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.**

Composition of Prepayments Claimed on Line 6		Date Paid	Amount
41	Mandatory first installment	41 / /	
42a	Second installment	42a / /	
42b	Third installment	42b / /	
42c	Fourth installment.....	42c / /	
43	Payment with extension request, Form CT-5.9, line 5.....	43 / /	
44	Credit from prior years		44
45	Credit from Form CT-186-P/M <input type="text" value="Period"/>		45
46	Total (add lines 41 through 45; enter here and on line 6).....		46

If you have any receipts from telecommunication services, even if that is 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 CT-186-E-P packet.