



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 2000

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. Obtain forms through fax-on-demand, Internet access, or one of the telephone assistance numbers. See the <i>Need help?</i> section of the form or instructions.		Business telephone number ()	
NAICS business code number (see instructions)		Date corporation 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	Address of prior owner or operator
If this is your final return, enter name of new owner, if any	Address of new owner

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.

Do not file Form CT-186-P — If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*.

A. Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax	Payment enclosed
☛.....Attach your payment here.	

Computation of tax

1	Tax on gross income (amount from line 43)	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 you filed a request for extension, enter amount from Form CT-5.9, line 2	4a	
4b	If you did not file Form CT-5.9 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 49)	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
	Address		Signature of individual preparing this return

Mail your return on or before March 15, 2001, to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.**

