



CT-186

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax Return

For Continuing Section 186 Taxpayers Only

(Certain Independent Power Producers)

Tax Law — Article 9, Section 186

Final return (see instructions)

Amended return

For calendar year 2002

Main form with fields for Employer identification number, File number, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, City, State, ZIP code, Foreign corporations: date began business in NYS, Business telephone number, NAICS business code number, 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 Tax. Attach your payment here.

Computation of tax

Table with 20 rows for tax computation: 1 Tax on gross earnings, 2 Tax on dividends, 3 Total tax, 4 Minimum tax, 5 Franchise tax, 6 Tax credits, 7 Net franchise tax, 8a/b Extension request, 9 Total, 10 Total prepayments, 11 Balance, 12 Penalty, 13 Interest, 14 Late filing, 15 Balance due, 16 Overpayment, 17 Amount of overpayment, 18 Balance of overpayment, 19 Amount of overpayment, 20 Refund.

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

Signature and title fields for elected officer/authorized person and paid preparer.

Federal return filed (attach copy): 1120 Other:

Mail your return on or before March 17, 2003, to:

NYS CORPORATION TAX, PROCESSING UNIT PO BOX 22038, ALBANY NY 12201-2038

40701020094

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, 2002, through December 31, 2002)

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 2002	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, 2002, through December 31, 2002)

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 from Form CT-400	46a.
46b	Third installment from Form CT-400	46b.
46c	Fourth installment from Form CT-400	46c.
47	Payment with extension request from Form CT-5.9, line 5	47.
48	Overpayment credited from prior years	48.
49	Overpayment credited from Form CT-186-M <input type="text" value="Period"/>	49.
50	Total prepayments (add lines 45 through 49; enter here and on line 10)	50.

Need help?

 **Telephone assistance** is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

Business tax information: 1 800 972-1233

Forms and publications: 1 800 462-8100

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

Fax-on-demand forms: 1 800 748-3676

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8 a.m. to 5:55 p.m., eastern time).



Internet access: www.tax.state.ny.us



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 Contact Center, W A Harriman Campus, Albany NY 12227.