



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 2003

Employer identification number	File number	Business telephone number ()	If you claim an overpayment, check box <input type="checkbox"/>	
Legal name of corporation		Trade name/DBA		
Mailing name (if different from legal name above) and address		State or country of incorporation	Date received (for Tax Department use only)	
c/o		Date of incorporation		
Number and street or PO box				
City	State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (see instructions)	If address above is new, check box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section of the instructions.		Audit (for Tax Department use only)
Principal business activity				

Metropolitan transportation business tax (MTA surcharge)

Do you do business in the Metropolitan Commuter Transportation District?

If Yes, you must also file Form CT-186-M (see instructions) Yes No

A. Payment — pay amount shown on line 15. Make check payable to: New York State Corporation Tax	Payment enclosed
Attach your payment here.	

Computation of tax

1 Tax on gross earnings (from line 26)	• 1.	
2 Tax on dividends (from line 36)	• 2.	
3 Total tax (add lines 1 and 2)	• 3.	
4 Minimum tax	4.	125 00
5 Franchise tax (amount from line 3 or line 4, whichever is larger)	• 5.	
6 Tax credits: Check forms filed and attach forms • <input type="checkbox"/> CT-40 • <input type="checkbox"/> CT-41 • <input type="checkbox"/> CT-43 • <input type="checkbox"/> DTF-630 (see instructions) • <input type="checkbox"/> CT-249 • <input type="checkbox"/> Other credits	6.	
7 Net franchise tax (subtract line 6 from line 5)	7.	
First installment of estimated tax for next period:		
8a If you filed a request for extension, enter amount from Form CT-5.9, line 2	8a.	
8b If you did not file Form CT-5.9 and line 7 is over \$1,000, enter 25% of line 7	8b.	
9 Total (add lines 7 and 8a or 8b)	9.	
10 Total prepayments (from line 50)	10.	
11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)	11.	
12 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	12.	
13 Interest on late payment (see instructions)	13.	
14 Late filing and late payment penalties (see instructions)	14.	
15 Balance due (add lines 11 through 14; enter payment on line A above)	15.	
16 Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)	16.	
17 Amount of overpayment to be credited to next period	17.	
18 Balance of overpayment (subtract line 17 from line 16)	18.	
19 Amount of overpayment to be credited to Form CT-186-M	19.	
20 Refund (subtract line 19 from line 18)	20.	

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

Signature of 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

Federal return filed (attach copy): 1120 Other: _____

Mail your return on or before March 15, 2004, to:

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

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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, 2003, through December 31, 2003)

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 2003	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, 2003, through December 31, 2003)

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 (If you need additional space, enter all relevant prepayment information on a separate sheet, and write **see attached** here. Transfer the total to line 10, *Total prepayments*.)

	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?



Internet access: www.nystax.gov
(for information, forms, and publications)



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



Telephone assistance is available from 8:00 A.M. to 5:00 P.M.
(eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100
Business Tax Information Center: 1 800 972-1233
From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:00 A.M. to 5:00 P.M. eastern time).



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 1 800 972-1233.



If you need to write, address your letter to: NYS Tax Department, Business Tax Information Center, W A Harriman Campus, Albany NY 12227.