



CT-186-A

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Operating Income

Tax Law — Article 9, Section 186-a

For calendar year 2003

Amended return

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) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)	
City State ZIP code			Date of incorporation	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		Name of agent, if any		Date sale of utility services began	
Nature of business		Name of agent, if any		Date sale of utility services began	

Type of service or commodity you sell (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

The books of the taxpayer are in the care of

Name:

Address:

Who may not file Form CT-186-A — If you have any receipts from telecommunication services, even if these services are 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 packet CT-186-E-P.

Metropolitan transportation business tax (MTA surcharge)

Do you do business in the Metropolitan Commuter Transportation District (MCTD)?

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

A. Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax	Payment enclosed
<input type="checkbox"/> Attach your payment here.	

Computation of Tax (see Form CT-186-A-I, Instructions for Form CT-186-A)

1 Tax on gross operating income (amount from line 22)	1.	
2 Long-term care insurance tax credit	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, see instructions; otherwise enter "0"	4b.	
5 Total tax (add lines 3 and 4a or 4b)	5.	
6 Total prepayments (amount from line 28)	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	9.	
10 Late filing and late payment penalties	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 of overpayment to be credited to Form CT-186-A/M	15.	
16 Amount of overpayment to be refunded (subtract line 15 from line 14)	16.	

Mail your return, by March 15, 2004, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

Computation of gross operating income (other than telephone and telegraph) for January 1, 2003, through December 31, 2003

17	Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption or use in New York State ..	• 17.	
18	Other receipts (see instructions)	• 18.	
19	Total (add lines 17 and 18)	19.	
20	Allowable deductions (attach list)	• 20.	
21	Gross operating income (subtract line 20 from line 19)	21.	
22	Tax on gross operating income (multiply line 21 by .85% (.0085); enter here and on line 1)	• 22.	

Composition of prepayments claimed on line 6 (see instructions)		Date paid	Amount
23	Mandatory first installment	23.	
24a	Second installment from Form CT-400	24a.	
24b	Third installment from Form CT-400	24b.	
24c	Fourth installment from Form CT-400	24c.	
25	Payment with extension request, Form CT-5.9, line 5	25.	
26	Overpayment credited from prior years	26.	
27	Overpayment credited from Form CT-186-A/M <input type="text" value="Period"/>	27.	
28	Total prepayments (add lines 23 through 27; enter here and on line 6)	28.	

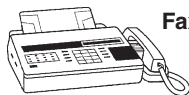
Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

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	

Need help?



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



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 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



Hotline for the hearing and speech impaired:
If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



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

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.