



CT-186

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

Amended return

For calendar year 2015

Employer identification number (EIN)		File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) and address c/o Number and street or PO box City State ZIP code			State or country of incorporation	Date received (for Tax Department use only)	
NAICS business code number (from NYS Pub 910)			If address/phone above is new, mark an X in the box <input type="checkbox"/>		Audit (for Tax Department use only)
NYS principal business activity			If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		

Metropolitan transportation business tax (MTA surcharge)

Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)

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

A. Pay amount shown on line 15. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	A	

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	
6a Have you been convicted of an offense, or are you the owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)			Yes <input type="checkbox"/> No <input type="checkbox"/>
6b Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s) CT-40 • <input type="checkbox"/> CT-41 • <input type="checkbox"/> CT-43 • <input type="checkbox"/> CT-243 • <input type="checkbox"/> CT-249 • <input type="checkbox"/> CT-501 • <input type="checkbox"/> CT-502 • <input type="checkbox"/> CT-631 • <input type="checkbox"/> DTF-630 • <input type="checkbox"/> Other credits (see instructions) • <input type="checkbox"/>	•	6b	
7 Net franchise tax (subtract line 6b from line 5)	■	7	
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 (see instructions)	■	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 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	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 and enter here; enter payment amount 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	
20a Overpayment to be refunded (subtract line 19 from line 18)	■	20a	
20b Refund of unused tax credits (see instructions)	■	20b	
20c Refundable tax credits to be credited as an overpayment to the next period (see instructions)	■	20c	

Federal return filed; attach copy: 1120 Other: _____

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Schedule A – Computation of gross earnings tax and allocation percentage/issuer’s allocation percentage (see instr.)		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 (divide line 21, column A, by line 21, column B)	27	%

Schedule B – Computation of allocated dividend tax (based on the calendar year covered by this return)		
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 (see instructions)	30
31	Amount of capital on which dividends were paid (see instructions)	31
32	Total dividends paid in the calendar year covered by this return	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 percentage (%) on 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 calendar year covered by this return)		
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** in this section. 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

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee’s name (print)	Designee’s phone number ()
	Designee’s e-mail address		PIN <input type="text"/>

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

Authorized person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number ()	Date
Paid preparer use only (see instr.)	Firm’s name (or yours if self-employed)	Firm’s EIN	Preparer’s PTIN or SSN
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return	Preparer’s NYTPRIN or	Excl. code Date

See instructions for where to file.

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