



CT-186

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax Return

Tax Law — Article 9, Section 186

For calendar year 1995

Final Return
(see procedure in instr.)

| | | | | | | | | |
|--|---|-------------|-----------------------------------|---|----------------|---------------------|--|--|
| Employer identification number | | File number | | If address on return is new, check box (see instructions). <input type="checkbox"/> | | For office use only | | |
| Mailing Name and Address | Taxpayer's business name | | | If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside New York State, call (518) 438-1073. | | Date received | | |
| | Business name at location below (if different from business name above) | | | | | | | |
| | c/o Street or P O Box | | | | | | | |
| | City State ZIP code | | | | | | | |
| Principal business activity | | | | Business activity code number (from federal return) | | Audit use | | |
| <input type="checkbox"/> Check box if refund claimed | Business telephone number () | | State or country of incorporation | | Date of inc. / | | Foreign corporations: date began business in NYS | |

Metropolitan Transportation Business Tax (MTA Surcharge)

Do you do business in the Metropolitan Commuter Transportation District? Yes No If Yes, you must file Form CT-186-M.

Does this corporation have an interest in real property located in New York State? Yes No

Has the controlling interest in the corporation's stock changed during the period covered in this return? Yes No

If you answered Yes to both questions, attach a statement with complete details (see instructions).

| | | |
|--|--|------------------|
| A. Payment — pay amount shown on line 17. 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 28) | 1 | • | |
| 2 | Tax on dividends (from line 38) | 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 | Special additional mortgage recording tax credit (attach Form CT-43) | 6 | ■ | |
| 7 | Net franchise tax (subtract line 6 from line 5) | 7 | ■ | |
| 8 | State tax surcharge (multiply line 7 by 7½% (.075); see instructions) | 8 | ■ | |
| 9 | Total franchise tax and state tax surcharge (add lines 7 and 8) | 9 | ■ | |
| 10 | First installment of estimated tax for 1996 | | | |
| | a. If a request for extension was filed, enter amount from Form CT-5.9, line 4 | 10a | ■ | |
| | b. If Form CT-5.9 was not filed and line 9 is over \$1,000, enter 25% of line 9 | 10b | ■ | |
| 11 | Total (add lines 9 and 10a or 10b) | 11 | ■ | |
| 12 | Total prepayments (from line 52) | 12 | ■ | |
| 13 | Balance (if line 12 is less than line 11, subtract line 12 from line 11) | 13 | ■ | |
| 14 | Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0") | 14 | ■ | |
| 15 | Interest on late payment (see instructions) | 15 | ■ | |
| 16 | Late filing and late payment penalties (see instructions) | 16 | ■ | |
| 17 | Balance due (add lines 13 through 16; enter payment on line A above) | 17 | ■ | |
| 18 | Overpayment (if line 11 is less than line 12, subtract line 11 from line 12) | 18 | ■ | |
| 19 | Amount of overpayment to be credited to next period | 19 | ■ | |
| 20 | Balance of overpayment (subtract line 19 from line 18) | 20 | ■ | |
| 21 | Amount to be credited to Form CT-186-M | 21 | ■ | |
| 22 | Refund (subtract line 21 from line 20; check refund box above) | 22 | ■ | |

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 |

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

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, P O BOX 1909, ALBANY NY 12201-1909

| Schedule A — Computation of Gross Earnings Tax and Allocation Percentage/Issuer's Allocation Percentage | | A New York State | B Everywhere |
|---|--|---------------------|-----------------|
| 23 | Gross earnings from operating revenue | • | • |
| 24 | Gross earnings from interest | • | • |
| 25 | Gross earnings from dividends | • | • |
| 26 | Gross earnings from other revenues | • | • |
| 27 | Total (add lines 23 through 26) | • | • |
| 28 | Tax computation (multiply line 27, column A by .0075; enter here and on line 1) | • | |
| 29 | Allocation percentage/issuer's allocation percentage (line 23, column A divided by column B) | | 29 |

Schedule B — Computation of Allocated Dividend Tax (based on the period January 1, 1995 through December 31, 1995)

| | | | |
|----|--|----|----|
| 30 | Number of shares of common stock issued | 30 | |
| 31 | Number of shares of preferred stock issued | 31 | |
| 32 | Actual amount of paid-in capital | | 32 |
| 33 | Amount of capital on which dividends were paid | | 33 |
| 34 | Total dividends paid in calendar year 1995 | | 34 |
| 35 | Enter 4% of line 33 | | 35 |
| 36 | Net dividends (subtract line 35 from line 34) | | 36 |
| 37 | Allocated dividends (multiply line 36 by _____%, from line 29) | | 37 |
| 38 | Tax computation (multiply line 37 by .045; enter here and on line 2) | | 38 |

Schedule C — Reconciliation of Retained Earnings (based on the period January 1, 1995, through December 31, 1995)

| | | | |
|----|---|----|----|
| 39 | Balance beginning of period | | 39 |
| 40 | Net increase | | 40 |
| 41 | Other additions | | 41 |
| 42 | Total (add lines 39, 40 and 41) | | 42 |
| 43 | Dividends | 43 | |
| 44 | Other deductions | 44 | |
| 45 | Total (add lines 43 and 44) | | 45 |
| 46 | Balance end of period (subtract line 45 from line 42) | | 46 |

Composition of Prepayments Claimed on Line 12

| | Date Paid | Amount |
|----|--|-------------------|
| 47 | Mandatory first installment | |
| 48 | CT-400 installments | (1) (2) (3) |
| 49 | Payment with extension request, Form CT-5.9, line 7 | |
| 50 | Credit from prior years | |
| 51 | Credit from Form CT-186-M | |
| 52 | Total (add lines 47 through 51; enter here and on line 12) | |

Need Help?

For forms or publications, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State, call (518) 438-1073.

For information, call the Business Tax Information Center at 1 800 972-1233. The call is toll free from anywhere in the U.S. (including Alaska and Hawaii) and Canada. You can also call toll free (from New York State only) 1 800 CALL TAX (1 800 225-5829). From areas outside New York State, call (518) 438-8581.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

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 the information and assistance numbers listed above.

Hotline for the Hearing and Speech Impaired - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free (from the continental U.S.) 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. 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.

If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.