Staple forms here

2009

CT-186-P

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income

Tax Law — Article 9, Section 186-a

Final return ☐ **Amended return** ☐ **For calendar year 2009**

Employer identification number	File number	Business telephone number ( )		If you claim an overpayment, mark an *X* in the box ☐
Legal name of corporation			Trade name/DBA	
Mailing name *(if different from legal name above)* c/o			State or country of incorporation	*Date received (for Tax Department use only)*
Number and street or PO box			Date of incorporation	
City	State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number *(from federal return)*	If address/phone above is new, mark an *X* in box ☐	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at *www.nystax.gov* and look for the change my address option. Otherwise, see *Business information* in the instructions.		*Audit (for Tax Department use only)*
Date corporation came under the supervision of the NYS Department of Public Service				

Type of service or commodity you sell *(mark an **X** in all boxes that apply)*

Gas ● ☐ Electricity ● ☐

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 ●

Metropolitan transportation business tax (MTA surcharge) *(mark an **X** in the appropriate box below)*

Do you do business in the Metropolitan Commuter Transportation District? If *Yes*, you must file Form CT-186-P/M *(see instructions)*... Yes ☐ No ☐

Do not file Form CT-186-P — If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return.*

		Payment enclosed
A. Pay amount shown on line 17. Make payable to: ***New York State Corporation Tax*** Attach your payment here. Detach all check stubs. *(See instructions for details.)*	**A.**	

Computation of tax

1	Receipts from transportation, transmission, or distribution of gas or electricity	1.	
2	Allowable exclusions from receipts on line 1 *(see instructions)*	2.	
3	Net receipts from transportation, transmission, or distribution of gas or electricity after allowable exclusions *(subtract line 2 from line 1; see instructions)* ●	3.	
4	Tax on gross income *(multiply line 3 receipts by rate; see instructions)* ●	4.	
5	Tax credits: Mark an *X* in the box(es) to indicate the form(s) filed and attach form(s) CT-243 ● ☐ CT-249 ● ☐ CT-631 ● ☐ Other credits *(see instructions)* ● ☐ ●	5.	
6	Tax after credits *(subtract line 5 from line 4)* ●	6.	
7	Power for jobs tax credit *(see instructions)* ●	7.	
8	Net tax *(subtract line 7 from line 6)*	8.	
	First installment of estimated tax for next period:		
9	If you filed a request for extension, enter amount from Form CT-5.9, line 2 ●	9.	
10	If you did not file Form CT-5.9 and line 8 is over $1,000, see instructions; otherwise enter ***0***	10.	
11	Total *(add lines 8 and 9 or 10)*	11.	
12	Total prepayments *(enter amount from line 32)* ●	12.	
13	Balance *(if line 12 is less than line 11, subtract line 12 from line 11)*	13.	
14	Estimated tax penalty *(see instructions; mark an **X** in the box if Form CT-222 is attached)* ● ☐ ●	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 and enter here; enter the payment amount 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.	

(continued on page 2)

41301090094

Computation of tax *(continued)*

21	Amount to be credited to Form CT-186-P/M	**21.**	
22	Amount of overpayment to be refunded *(subtract line 21 from line 20)*	**22.**	
23	Amount of unused tax credits to be refunded *(see instructions)*	**23.**	
24	Refundable tax credits to be credited to next year's tax *(see instructions)*	**24.**	

Composition of prepayments claimed on line 12 *(see instructions)*		**Date paid**	**Amount**
25 Mandatory first installment	**25.**		
26 Second installment from Form CT-400	**26.**		
27 Third installment from Form CT-400	**27.**		
28 Fourth installment from Form CT-400	**28.**		
29 Payment with extension request, Form CT-5.9, line 5	**29.**		
30 Overpayment credited from prior years	**30.**		
31 Overpayment credited from Form CT-186-P/M Period	**31.**		
32 Total prepayments *(add lines 25 through 31; enter here and on line 12)*	**32.**		

Third – party designee *(see instructions)*	Yes ☐ No ☐	Designee's name *(print)*	Designee's phone number ( )
	Designee's e-mail address		PIN

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

Authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Date

Paid preparer use only	Firm's name *(or yours if self-employed)*	ID number
	Signature of individual preparing this return	Address / City / State / ZIP code
	E-mail address of individual preparing this return	Date

See instructions for where to file.