



# CT-186

# Utility Corporation Franchise Tax Return

Tax Law — Article 9, Section 186

For calendar year 1993

Employer identification number _____ File number _____ Name _____ Number and street _____ City or town _____ State _____ ZIP code _____	You must report changes to your name, EIN, address or owner/officer information on Form DTF-95. Also, if address on return is now, check box. <input type="checkbox"/>	For office use only Date received _____ _____
Principal business activity _____ State or country of incorporation _____ date _____	Foreign corporations: date began business in NYS _____ Business telephone number ( ) _____ Business activity code number (from federal return) _____	Audit use _____

### Metropolitan Transportation Business Tax (MTA Surcharge)

Do you do business in the Metropolitan Commuter Transportation District?  Yes  No If Yes, you must file Form CI-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: <b>New York State Corporation Tax</b>	Payment enclosed <input type="checkbox"/>
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### 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 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 tax (subtract line 6 from line 5) .....	7			
8 State tax surcharge (multiply line 7 by 15% (.15)) .....	8			
9 Total tax and state tax surcharge (add lines 7 and 8) .....	9			
10 First instalment of estimated tax for 1994				
a. If application for extension was filed, enter amount from Form CT-59, line 5 .....	10a			
b. If Form CT-59 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 Interest on late payment (see instructions) .....	14			
15 Late filing and late payment penalties (see instructions) .....	15			
16 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0") .....	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) .....	22			

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

Date	Signature of elected officer or authorized person	Official title
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return
Paid preparer's ID number	Paid preparer's address	

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		B	
		New York State		Everywhere	
23	Gross earnings from operating revenue	23	•	•	
24	Gross earnings from interest	24	•	•	
25	Gross earnings from dividends	25	•	•	
26	Gross earnings from other revenues	26	•	•	
27	Total (add lines 23 through 26)	27	•	•	
28	Tax computation (multiply line 27, column A by .0075; enter here and on line 1)	28	•		
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, 1993, through December 31, 1993)					
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 1993	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, 1993, through December 31, 1993)					
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 application, Form CT-5.9, line A		
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 toll free (from the continental U.S. only) 1 800 972-1233. 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 disabled persons, 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 our toll-free hotline 1 800 634-2110 (within New York State). Hours of operation are from 9:00 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.