



CT-189
(12/93)

Tax on Importation of Gas Services

Tax Law — Article 9, Section 189

Tax Period: December 1, 1993, through February 28, 1994

Employer identification number or social security number <input type="checkbox"/>		You must report changes to your name, EIN, address or owner/ officer information on Form DTF-95. Also, if address on return is new, check box. <input type="checkbox"/>	For office use only
Name			Date received
Number and street		ZIP code	Audit use
City or town			
State			
Location of headquarters		Business telephone number ()	
Type of organization:			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____			

Do you import natural gas into the Metropolitan Commuter Transportation District? Yes No

A. Payment — pay amount shown on line 14 or 33 — Make check payable to: Commissioner of Taxation and Finance	Payment enclosed <input type="checkbox"/>
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Schedule A — Collection and Remittance by a Regulated Public Utility

Number of Mcf's (one thousand cubic feet) of gas service imported by and delivered to transportation customers from the transportation customer's own out-of-state gas well and for which you received a properly completed exemption certificate: _____ (MCF's).

Part I — Computation of Tax and State Tax Surcharge Due (sections 189 and 189-b)

	A		B	
	12/1/93 — 12/31/93		1/1/94 — 2/28/94	
1 Number of taxable Mcf's (one thousand cubic feet) of gas service imported by and delivered to transportation customers in New York State	1		1	
2 Average annual gas price per Mcf	2	\$ 1 86	2	\$ 1 86
3 Total amount on which to compute tax (multiply line 1 by line 2)	3		3	
4 Tax rate (4¼% (.0425))	4	.0425	4	.0425
5 Tax required to be collected (multiply line 3 by line 4)	5		5	
6a State tax surcharge (multiply line 5, column A, by 15% (.15))	6a		6a	
6b State tax surcharge (multiply line 5, column B, by 10% (.10))	6b		6b	
7a Total tax and state tax surcharge (add lines 5 and 6a in column A, and lines 5 and 6b in column B)	7a		7a	
7b Total tax and state tax surcharge due (add line 7a, columns A and B)	7b		7b	
8 MTA surcharge (from line 19 below)	8		8	
9 Tax and tax surcharges required to be collected (add lines 7b and 8)	9		9	
10 Credits and other adjustments (see instructions) Explain: _____	10		10	
11 Balance after credits (subtract line 10 from line 9)	11		11	
12 Interest on late payment	12		12	
13 Additional charges	13		13	
14 Balance due (add lines 11, 12 and 13; enter payment on line A above)	14		14	

Part II — Computation of Metropolitan Transportation Tax (MTA Surcharge) (section 189-a)

15 Number of taxable Mcf's of gas service imported by and delivered to transportation customers in the MCTD	15	
16 Average annual gas price per Mcf	16	1 86
17 Amount on which to compute the MTA surcharge (multiply line 15 by line 16)	17	
18 Surcharge rate (tax rate adjusted by the MTA rate of 17% (.17))	18	.007225
19 MTA surcharge required to be collected (multiply line 17 by line 18; enter here and on line 8 above)	19	

Schedule B — Computation and Payment of Tax by Gas Importers Not Using a Regulated Public Utility or by Co-generators Who Have Obtained a Direct Payment Permit

Part I — Computation of Tax and State Tax Surcharge Due (sections 189 and 189-b)

	A 12/1/93 — 12/31/93		B 1/1/94 — 2/28/94	
20 Total consideration for gas services imported for consumption into New York State during the tax period (see instructions)	20			
21 Exemption for co-generators (from line 38 below)	21			
22 Net consideration (subtract line 21 from line 20)	22			
23 Tax rate (4¼% (.0425))	23	.0425	.0425	
24 Tax (multiply line 22 by line 23)	24			
25a State tax surcharge (multiply line 24, column A, by 15% (.15))	25a			
25b State tax surcharge (multiple line 24, column B, by 10% (.10))	25b			
26a Total tax and state tax surcharge (add lines 24 and 25a in column A, and lines 24 and 25b in column B)	26a			
26b Tax and state tax surcharge due (add line 26a, columns A and B)	26b			
27 MTA surcharge (from line 43 below)	27			
28 Tax and tax surcharges due (add lines 26 and 27)	28			
29 Credits and other adjustments (see instructions) Explain: _____	29			
30 Balance (if line 29 is less than line 28, subtract line 29 from line 28)	30			
31 Interest on late payment	31			
32 Additional charges	32			
33 Total balance due (add lines 30, 31 and 32; enter payment on line A on front of form)	33			

Part II — Exemption for Co-generation Facilities

	A 12/1/93 — 12/31/93		B 1/1/94 — 2/28/94	
34 BTU value of electricity and steam supplied to thermal energy host	34			
35 BTU value of total electricity and steam produced by the co-generator	35			
36 Exemption percentage (divide line 34 by line 35; enter to two decimal points)	36	%	%	
37 Total consideration for natural gas consumed by co-generation	37			
38 Exemption (multiply line 37 by line 36; enter here and on line 21 above)	38			

Part III — Computation of Metropolitan Transportation Tax (MTA Surcharge) (section 189-a)

39 Total consideration for gas service imported for consumption into the MCTD	39		
40 Exemption for co-generators (from line 48 below)	40		
41 Net consideration (subtract line 40 from line 39)	41		
42 Surcharge rate (tax rate adjusted by the MTA surcharge rate of 17% (.17))	42		.007225
43 MTA surcharge (multiply line 41 by line 42; enter here and on line 27 above)	43		

Part IV — Exemption for Co-generation Facilities within the MCTD

44 BTU value of electricity and steam supplied to thermal energy host in the MCTD	44		
45 BTU value of total electricity and steam produced by the co-generator in the MCTD	45		
46 Exemption percentage (divide line 44 by line 45; enter to two decimal points)	46		%
47 Total consideration for natural gas consumed by co-generation in the MCTD	47		
48 Exemption (multiply line 47 by line 46; enter here and on line 40 above)	48		

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	

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