



CT-189-S

 (4/93)

State Tax Surcharge Due

Tax Law — Article 9, Section 189-b

Tax Surcharge for the Period January 1, 1993, through February 28, 1993

Employer identification number or social security number		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		Audit use 	
City or town	State		ZIP code
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: _____			

A. Payment — pay amount shown on line 6 or 12 — 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

Computation of State Tax Surcharge Due (section 189-b)		
1 Tax required to be collected for the period 1/1/93 - 2/28/93 (from Form CT-189, line 5, Column B)	1	
2 Additional state tax surcharge rate (see instructions)	2	.05
3 State tax surcharge due (multiply line 1 by line 2)	3	
4 Interest	4	
5 Additional charges	5	
6 Total amount due (add lines 3, 4, and 5; enter payment here and on line A above)	6	

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

Computation of State Tax Surcharge Due (section 189-b)		
7 Tax for period 1/1/93 - 2/28/93 (from Form CT-189, line 25b, Column B)	7	
8 Additional state tax surcharge rate (see instructions)	8	.05
9 State tax surcharge due (multiply line 7 by line 8)	9	
10 Interest	10	
11 Additional charges	11	
12 Total amount due (add lines 9, 10 and 11; enter payment here and on line A above)	12	

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, PO BOX 1909, ALBANY NY 12201-1909**

Instructions

Chapter 57 of the laws of 1993 amended section 189-b of the New York State Tax Law, effective January 1, 1993. Section 189-b was amended to require the state tax surcharge rate to remain at 15% for any tax month ending on or before December 31, 1993 (the state tax surcharge was scheduled to be reduced to 10% for tax months ending after December 31, 1992). Accordingly, payment of the unpaid portion of the 15% state tax surcharge for the period 1/1/93 through 2/28/93 is required. To avoid penalties and interest imposed by sections 1084 and 1085(a), payment must be made by the due date of the report for the period ending May 31, 1993. See Form CT-189-I, *Instructions for Form CT-189, Due Date*, for further information.

Schedule A — Collection and Remittance by a Regulated Public Utility

Computation of State Tax Surcharge Due (section 189-b)
Line 2 - The additional state tax surcharge rate of 5% reflects the difference between the tax surcharge required to be paid prior to the amendment (10%) for the period 1/1/93 through 2/28/93 and the tax surcharge imposed (15%) for the same period.

Line 4 - See *Interest* on front of Form CT-189-I.
Line 5 - See *Additional Charges* on front of Form CT-189-I.

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

Computation of State Tax Surcharge Due (section 189-b)
Line 8 - The additional state tax surcharge rate of 5% is the difference between the tax surcharge required to be paid prior to the amendment (10%) for the period 1/1/93 through 2/28/93 and the tax surcharge imposed (15%) for the same period.
Line 10 - See *Interest* on front of Form CT-189-I.
Line 11 - See *Additional Charges* on front of Form CT-189-I.