CT-189
(6/95)

New York State Department of Taxation and Finance

Tax on Importation of Gas Services

Tax Law — Article 9, Section 189

Tax Period: June 1,1995, through August 31, 1995

Employer identification number	File number	If address on return is new, check box *(see instructions).* ☐	*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			*Audit use*
City / State / ZIP code			
Location of headquarters	Business telephone number ( )		
Type of organization: ☐ Corporation ☐ Partnership ☐ Individual ☐ 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: ***New York State Corporation Tax*** Payment enclosed
Attach your payment here.

Schedule A - Collection and Remittance by a Regulated Public Utility (see Form CT-189-I, *Instructions for Form CT-189*)
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 6/1/95 - 6/30/95	B 7/1/95 - 8/31/95
1 Number of taxable Mcf's (one thousand cubic feet) of gas service imported by and delivered to transportation customers in New York State *(from page 3, Schedule C)*	1		
2 Average annual gas price per Mcf	2	$ 1 97	$ 1 83
3 Total amount on which to compute tax *(multiply line 1 by line 2)*	3		
4 Tax rate (4¼% (.0425))	4	.0425	.0425
5 Tax required to be collected *(multiply line 3 by line 4)*	5		
6 State tax surcharge *(multiply line 5 by 7½% (.075))*	6		
7a Total tax and state tax surcharge *(add lines 5 and 6)*	7a		
7b Total tax and state tax surcharge due *(add line 7a, columns A and B)*	7b		
8 MTA surcharge *(from line 19 below)*	8		
9 Tax and tax surcharges required to be collected *(add lines 7b and 8)*	9		
10 Credits and other adjustments *(see instructions)* *Explain:* _____	10		
11 Balance after credits *(subtract line 10 from line 9)*	11		
12 Interest on late payment	12		
13 Additional charges	13		
14 Balance due *(add lines 11, 12 and 13; enter payment on line A above)*	14		

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

		A 6/1/95 - 6/30/95	B 7/1/95 - 8/31/95
15 Number of taxable Mcf's of gas service imported by and delivered to transportation customers in the MCTD *(from page 4, Schedule D)*	15		
16 Average annual gas price per Mcf	16	$ 1 97	$ 1 83
17a Amount on which to compute the MTA surcharge *(multiply line 15 by line 16)*	17a		
17b Total amount on which to compute MTA surcharge *(add line 17a, columns A and B)*	17b		
18 Surcharge rate *(tax rate multiplied by MTA surcharge rate of 17% (.17))*	18	.007225	
19 MTA surcharge required to be collected *(multiply line 17b 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)

		6/1/95 - 8/31/95
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
24	Tax *(multiply line 22 by line 23)*	24
25	State tax surcharge *(multiply line 24 by 7½% (.075)*	25
26	Total tax and state tax surcharge due *(add lines 24 and 25)*	26
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 after credits *(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	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

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 multiplied by 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.

Signature of elected officer or authorized person	Official title	Date

Paid Preparer Use Only			
	Firm's name *(or yours if self-employed)*	ID number	Date
	Address	Signature of individual preparing this return	

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

Schedule C - Gas Service Imported by and Delivered to Transportation Customers in New York State

Purchaser's Name	Purchaser's Address	MCF's Delivered

Total MCF's (enter here and in the appropriate column on page 1, line 1) ....

Schedule D - Gas Service Imported by and Delivered to Transportation Customers in the MCTD

Purchaser's Name	Purchaser's Address	MCF's Delivered

Total MCF's (enter here and in the appropriate column on page 1, line 15) .... ______