

New York State Department of Taxation and Finance Tax on Importation of Gas Services Tax Law — Article 9, Section 189

Tax Period: March 1, 1996, through May 31, 1996

Emplo	yer identification number File number If address on return is	For office use only
L	new, check box (see instructions).	
	Taxpayers business name If your name, employer	
l	identification number,	Date received
IE S	Business name at location below (if different from business name above) address or owner/officer information has changed,	
2 £	c/o you must file Form DTF-95	
BS₹	Street or PO Box (see instructions). If no form is enclosed, call	
Mailing Name and Address	1 800 462-8100 to request	
<u></u>	City State ZIP code one. From areas outside New York State, call	
	(518) 438-1073.	Audit use
Locat	ion of headquarters Business telephone number	
Туре	of organization	
"	·	
	Corporation Partnership Individual Other:	
	Corporation Partnership I Individual Other:	
For t	his tax period did you import natural gas into the Metropolitan Commuter Transportation Dist	rict? Yes No
A . P	ayment — pay amount shown on line 14 or 33. Make check payable to: New York State Corporation To	Payment enclosed
	···· Attach your payment here.	
Saha	edule A - Collection and Remittance by a Regulated Public Utility (see Form CT-189-I, Instruction	ons for Form CT-189)
OCHE	ber of Mcf's (one thousand cubic feet) of gas service imported by and delivered to transportation cus	tomers from the transportation
NI	ner of Micris tone indusand cubic leen of das service imported by and delivered to transportation cos	tomers from the transportation
Numl	the first and well and for which your provinced a properly completed exemption continue	Strict? Yes No Tax Payment enclosed Itlons for Form CT-189) Ustomers from the transportation cate: (Mcf's).
Numl	omer's own out-of-state gas well and for which you received a properly completed exemption certification	te: (Mcr's).
Numl	omer's own out-of-state gas well and for which you received a properly completed exemption certifica	te: (Mcrs).
Numl	omer's own out-of-state gas well and for which you received a properly completed exemption certifica I - Computation of Tax and State Tax	te: (Mct s).
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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

Par	I -Computation of Tax and State Tax Surcharge Due (sections 189 and 189-b)			
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)			
22	Net consideration (subtract line 21 from line 20)			
23	(.0425
24	, , , , , , , , , , , , , , , , , , , ,		1	
25	State tax surcharge (multiply line 24 by 71/2% (.075))			
26	Total tax and state tax surcharge due (add lines 24 and 25)			
27	MTA surcharge (from line 43 below)			
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 (subtract line 29 from line 28)		30	
31	Interest on late payment			
32	Additional charges			
33	Balance due (add lines 30, 31 and 32; enter payment on line A on front of form)		33	
36 37 38	Exemption (multiply line 37 by line 36; enter here and on line 21 above)		37	%
Part	III - Computation of Metropolitan Transportation Tax (MTA Surcharge	ge) (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	g (42	.007225
43	MTA surcharge (multiply line 41 by line 42; enter here and on line 27 above)		43	<u> </u>
	IV - Exemption for Co-Generation Facilities within the MCTD			
	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	<u>%</u>
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	
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	fication. I certify that this return and any attachments are to the best of my know ture of elected officer or authorized person  Official title	vledge and belief true,	Date Date	te.
oarer 15	Firm's name (or yours if self-employed)	ID number	Date	
P P	Address	Signature of individual prep	paring this return	
Paid Preparer Use Only		Signature of individual prep	camy this raturn	

Mail your return to: NYS CORPORATION TAX
PROCESSING UNIT
PO 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 MCE's (enter here and on page 1 line 1)		

Purchaser's Name	Purchaser's Address	MCF's Delivered
And the second s		
	334	
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	111111111111111111111111111111111111111	