

New York State Department of Taxation and Finance

Tax on Importation of Gas Services Tax Law — Article 9, Section 189

Tax Period: September 1, 1996, through November 30, 1996

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Emplo	yer iden	tification r	umber		,	,				File num	nber I	1	If address on return is new, check box	For office	use only	_
ļ	Tayo	vor's hus	ness name		<u> </u>	<u> </u>	l						(see instructions).			
l	1	1961 3 563	noss name										If your name, employer	Date recei	ived	_
Ing Name	Busir	ess name	at location	below (if	different fr	rom busin	ess nam	e above)					identification number, address or owner/officer			
Z S	2 0/2												information has changed, you must file Form DTF-95			
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Mailing and Adv	2												is enclosed, call 1 800 462-8100 to request			
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															Payment enclosed	7
						line 1	4 or 33	3. Mak	e chec	k payal	ble to: N	ew Yo	rk State Corporation 1	ax	r ayment enclosed	١
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cust	omer'	own	out-of-s	tate ga	s well	and fo	r whic	h you	receiv	ed a p	roperly (comple	eted exemption certification	ıte:	(Mcf's	s).
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14	Balar	ice aue	(add line	s 11, 12	and 13;	enter pa	yment d	on line A	above)		• • • • • • • •	• • • • • •		14	<u> </u>	_
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19	MTA	surchai	ge regui	rea to b	e collec	cted <i>(mi</i>	ultiply lii	ne 17 bı	/ line 18.	; enter he	ere and on	line 8 a	above)	[19	I	

Sch	edule B - Computation and Payment of Tax by Gas Importe Co-Generators Who Have Obtained a Direct Payr	ers Not Us nent Perm	ing a Regulated Pub	lic l	Jtility or by
Part	I -Computation of Tax and State Tax Surcharge Due				
	(sections 189 and 189-b)		<u> </u> _		9/1/96 - 11/30/96
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 (41/4% (.0425))			23	.0425
24	Tax (multiply line 22 by line 23)			24	
25	State tax surcharge (multiply line 24 by 21/2% (.025))			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	
	Balance after credits (subtract line 29 from line 28)			30	·
31	Interest on late payment			31-	
	Additional charges			32	
33	Balance due (add lines 30, 31 and 32; enter payment on line A on front of form)		L	33	
34 35 36 37 38	II - Exemption for Co-Generation Facilities BTU value of electricity and steam supplied to thermal energy host BTU value of total electricity and steam produced by the co-generator Exemption percentage (divide line 34 by line 35; enter to two decimal points) Total consideration for natural gas consumed by co-generation Exemption (multiply line 37 by line 36; enter here and on line 21 above)	••••••		34 35 36 37 38	*
Part	III - Computation of Metropolitan Transportation Tax Due				
39	gas and an arrangement and the con-			39	
40	provide a grant and the benefit and the second and			40	
	Net consideration (subtract line 40 from line 39)			41	
	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	
	IV - Exemption for Co-Generation Facilities within the MC BTU value of electricity and steam supplied to thermal energy host in the MC		۲	44	
	BTU value of total electricity and steam produced by the co-generator in the			45	
	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	
	The second of th		·····	10	
Certi	fication. I certify that this return and any attachments are to the bes	t of my know	vledge and belief true, co	orrec	t and complete.
Signa	ture of elected officer or authorized person	Official title	,		Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	<u> </u>	ID number		Date
š o	Address		Signature of individual access	<u></u>	
필출	round		Signature of individual prepart	ing thi	s return

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 in the appropriate or	4 11 43					

Schedule D - Gas Service Imported by and Delivered to Transportation Customers in the MCTD					
Purchaser's Name	Purchaser's Address	MCF's Delivered			
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