



New York State Department of Taxation and Finance

# Utility Services Tax Return — Gross Operating Income

Tax Law — Article 9, Section 186-a

For calendar year 2001

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
<b>Mailing name and address</b>	Legal name of corporation		Trade name/DBA	
	Mailing name (if different from legal name) and address		State or country of incorporation	
	c/o Number and street or PO box		Date of incorporation	
	City State ZIP code		Foreign corporations: date began business in NYS	
If address above is new, check box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> on the back.		Business telephone number ( )	
NAICS business code number (see instructions)		Principal business activity		
Nature of business		Name of agent, if any		Date sale of utility services began

Type of service or commodity you sell (check all that apply)

Gas     
  Electricity     
  Steam     
  Water     
  Refrigeration

If this is your first return, enter name of prior owner or operator, if any

If this is your final return, enter name of new owner, if any

The books of the taxpayer are in the care of

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Who may not file Form CT-186-A** — If you have any receipts from telecommunication services, even if these services are not your primary business, you must file Form CT-186-E or Form CT-186-EZ to report tax under section 186-e of the Tax Law. For more detailed information, see the instructions for Form CT-186-E or Form CT-186-EZ in the packet CT-186-E-P.

Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (see instructions) .....  Yes       No      If Yes, you must also file Form CT-186-A/M.

<b>A. Payment</b> — pay amount shown on line 9. Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed
⬇️ .....Attach your payment here.	

**Computation of Tax** (see Form CT-186-A-1, Instructions for Form CT-186-A)

1 Tax on gross operating income (amount from line 20) .....	1	
First installment of estimated tax for next period:		
2a If you filed a request for extension, enter amount from Form CT-5.9, line 2 .....	2a	
2b If you did not file Form CT-5.9 and line 1 is over \$1,000, enter 25% of line 1 .....	2b	
3 Total tax (add lines 1 and 2a or 2b) .....	3	
4 Total prepayments (amount from line 26) .....	4	
5 Balance (if line 4 is less than line 3, subtract line 4 from line 3) .....	5	
6 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") .....	6	
7 Interest on late payment (see instructions) .....	7	
8 Late filing and late payment penalties (see instructions) .....	8	
9 <b>Balance due</b> (add lines 5 through 8; enter payment on line A above) .....	9	
10 Overpayment (if line 3 is less than line 4, subtract line 3 from line 4) .....	10	
11 Amount of overpayment to be credited to next period .....	11	
12 Balance of overpayment (subtract line 11 from line 10) .....	12	
13 Amount of overpayment to be credited to Form CT-186-A/M .....	13	
14 Amount of overpayment to be refunded (subtract line 13 from line 12) .....	14	

**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
<b>Paid preparer use only</b>	Firm's name (or yours if self-employed)		ID number
	Address		Signature of individual preparing this return

Mail your return, by March 15, 2002, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

**Computation of gross operating income** (other than telephone and telegraph) for January 1, 2001, through December 31, 2001

15	Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption or use in New York State...	15	•	
16	Other receipts (see instructions).....	16	•	
17	Total (add lines 15 and 16) .....	17		
18	Allowable deductions (attach list) .....	18	•	
19	Gross operating income (subtract line 18 from line 17) .....	19		
20	Tax on gross operating income (multiply line 19 by 2.0% (.02); enter here and on line 1) .....	20	•	

Composition of prepayments claimed on line 4		Date paid	Amount
21	Mandatory first installment .....	21	
22a	Second installment from Form CT-400 .....	22a	
22b	Third installment from Form CT-400 .....	22b	
22c	Fourth installment from Form CT-400 .....	22c	
23	Payment with extension request, Form CT-5.9, line 5 .....	23	
24	Overpayment credited from prior years .....	24	
25	Overpayment credited from Form CT-186-A/M <input type="text" value="Period"/> .....	25	
26	Total (add lines 21 through 25; enter here and on line 4) .....	26	

**Need help?**



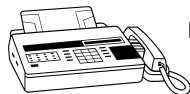
**Telephone assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

**For business tax information**, call the New York State Business Tax Information Center: 1 800 972-1233

**For general information:** 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



**Fax-on-demand forms:** Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



**Internet access:** [www.tax.state.ny.us](http://www.tax.state.ny.us)



**Hotline for the hearing and speech impaired:**

1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



**Persons with disabilities:** In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



**If you need to write**, address your letter to:

NYS TAX DEPARTMENT  
TAXPAYER ASSISTANCE BUREAU  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.