



CT-186-A

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 2002

Amended return

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation		Trade name/DBA	
	Mailing name (if different from legal name above) 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

Address of prior owner or operator

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

Address of new owner

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.

A. Payment — pay amount shown on line 11. Make check payable to: New York State Corporation TaxAttach your payment here.	Payment enclosed
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Computation of Tax (see Form CT-186-A-1, Instructions for Form CT-186-A)

1 Tax on gross operating income (amount from line 22)	1.	
2 Long-term care insurance tax credit (see instructions)	2.	
3 Net tax (subtract line 2 from line 1)	3.	
First installment of estimated tax for next period:		
4a If you filed a request for extension, enter amount from Form CT-5.9, line 2	4a.	
4b If you did not file Form CT-5.9 and line 3 is over \$1,000, see instructions; otherwise enter "0"	4b.	
5 Total tax (add lines 3 and 4a or 4b)	5.	
6 Total prepayments (amount from line 28)	6.	
7 Balance (if line 6 is less than line 5, subtract line 6 from line 5)	7.	
8 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	8.	
9 Interest on late payment (see instructions)	9.	
10 Late filing and late payment penalties (see instructions)	10.	
11 Balance due (add lines 7 through 10; enter payment on line A above)	11.	
12 Overpayment (if line 5 is less than line 6, subtract line 5 from line 6)	12.	
13 Amount of overpayment to be credited to next period	13.	
14 Balance of overpayment (subtract line 13 from line 12)	14.	
15 Amount of overpayment to be credited to Form CT-186-A/M	15.	
16 Amount of overpayment to be refunded (subtract line 15 from line 14)	16.	

Mail your return, by March 17, 2003, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

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Computation of gross operating income (other than telephone and telegraph) for January 1, 2002, through December 31, 2002

17	Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption or use in New York State ...	• 17.	
18	Other receipts (see instructions)	• 18.	
19	Total (add lines 17 and 18)	19.	
20	Allowable deductions (attach list)	• 20.	
21	Gross operating income (subtract line 20 from line 19)	21.	
22	Tax on gross operating income (multiply line 21 by 1.9% (.019); enter here and on line 1)	• 22.	

Composition of prepayments claimed on line 6		Date paid	Amount
23	Mandatory first installment	23.	
24a	Second installment from Form CT-400	24a.	
24b	Third installment from Form CT-400	24b.	
24c	Fourth installment from Form CT-400	24c.	
25	Payment with extension request, Form CT-5.9, line 5	25.	
26	Overpayment credited from prior years	26.	
27	Overpayment credited from Form CT-186-A/M <input type="text" value="Period"/>	27.	
28	Total (add lines 23 through 27; enter here and on line 6)	28.	

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	

Need help?



Telephone assistance is available from 8 a.m. to 5:55 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



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8 a.m. to 5:55 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 CONTACT CENTER
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 Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.