

CT-186-P

Amended return

New York State Department of Taxation and Finance
Utility Services Tax Return
Gross Income

For calendar
year 2002

Tax Law — Article 9, Section 186-a year 2002																
En	Employer identification number									File number Check box if overpayment claimed				For office	use only	
Mailing name		Legal name of corporation								DBA						
	S												Date rece	ived		
	address	Mailing name (if different from legal name above) and address State or country of incorporation														
g	핑	C/O														
₽		Number and street or PO box Date of incorporation														
Ma	and	City State ZIP code Foreign corporations: date began														
		business in NYS										Audit use				
If address above is If your name, employer identification number, address, or owner/officer information has changed, you Business telephone number														Audit use		
new, check box must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get																
(see instructions) these forms by fax, phone, or from our Web site. See the Need help? section of the instructions. NAICS business code number (see instructions) Date corporation came under the supervision of the New York State Department of Public Service)			
Type of service or commodity you sell (check all that apply)																
آ •	_	Gas		• [Electrici		•	Stear	n	• 🗆 \	Nate	er	• F	Refriger	ation	
If th		s your first i	eturi	n, enter n		,	r operator,		Address of p				<u>- L.</u>	tomgon	anon	
If this is your final return, enter name of new owner, if any Address of new owner																
•																
Metropolitan transportation business tax (MTA surcharge)																
	Do you do business in the Metropolitan Commuter Transportation District? (see instructions) Yes No If Yes, you must file Form CT-186-P/M.															6-P/M.
									,			elecommunica	tion ser	vices, ev	ren if those services are	not
												x Return and U				
						n line 13	. Make ch	neck paya	able to: <i>Ne</i> v	v York S	tate	Corporation	Tax		Payment enclosed	
4.		Attach yo	ur p	ayment	t here.											
Co	mp	utation	of t	ах											,	
1	Ta	x on gros	s in	come (á	amount froi	m line 45)								📘 1.		
2	Lo	Long-term care insurance tax credit (see instructions)												. 2.		
		Tax after long-term care insurance tax credit (subtract line 2 from line 1)														
	Power for jobs tax credit (see instructions)													_		
5 Net tax (subtract line 4 from line 3)													. 5.			
_		rst installr						_						_	I	
		-		-												+
		-										e enter "0"		_		
		•			,											+
																+
																+
		Penalty for underpayment of estimated tax (check box if Form CT-222 is attached ; if none, enter "0",														+
		Interest on late payment (see instructions)														+
		ate filing and late payment penalties (see instructions)														
		Diance due (add lines 9 through 12; enter payment on line A above) Overpayment (if line 7 is less than line 8, subtract line 7 from line 8)														
		Amount of overpayment to be credited to next period												_		
	Balance of overpayment (subtract line 15 from line 14)															
					-			-								
17 Amount to be credited to Form CT-186-P/M														_		
															t, and complete.	
		re of elected		_						Official t					Date	
			je .	Firm's n	ame (or yours	s if self-emplo	oyed)					ID number			Date	
			Paid preparer use only	Į in o												
			aid p use	Address	3							Signature of ind	ividual p	reparing th	his return	
			ď													

Mail your return on or before March 17, 2003, to:

Computation of gross income Part I — Computation of receipts from the sale of gas and electric service of whatever nature 20 Receipts from the sale of the commodity of gas and electricity for ultimate consumption or use in New York State .. | 20. 22 Net receipts from the sale of the commodity of gas and electricity for ultimate consumption or use in 23 Noncommodity receipts (receipts from transportation, transmission, or distribution of gas Net noncommodity receipts (receipts from transportation, transmission, or distribution of gas Part II — Computation of receipts from the sale of steam, water, and refrigeration utility services (see instructions) Part III — Receipts from interest and dividends allocated to New York State (attach list, if necessary) Name of entity Interest and dividends Amount of interest and Issuer's Type of security dividends received allocation allocated to NYS percentage (column $C \times$ column D) Part IV — Computation of profits (see instructions) 39 All other profits 939. 42 Profits after allowable deductions (subtract line 41 from line 40) Part V — Computation of tax on gross income 43 Receipts from line 25 × .024 43. **44** Receipts from lines 22, 32, 35, and 42..... × .019 44. 45 Tax on gross income (add lines 43 and 44; enter here and on line 1) 45. Composition of prepayments claimed on line 8 Date paid Amount 46 Mandatory first installment 46. 47a Second installment from Form CT-400 47a. 47b Third installment from Form CT-400 47b. 47c. 47c Fourth installment from Form CT-400