

Amended ____

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax Return

For continuing section 186 taxpayers only (certain independent power producers) Tax Law — Article 9, Section 186

	Amended return	iax Law — Ait	icie 3, 3ecti	011 100			For	calendar yea	ar 200 4
	Employer identification number	File number	Business te	elephone number				If you claim overpaymen an X in the	an nt, mark
1	Legal name of corporation			1	Frade name/DB/	A			
	Mailing name (if different from legal name above) an	State or country of incorporation		Date received (for Tax Department use only)					
- 1-	c/o								
	Number and street or PO box				Date of incorpor	ration			
Ī	City	State	ZIP code		Foreign corporati business in NYS	ions: date began			
	NAICS business code number (from federal return) Principal business activity	If address above is new, mark an X in the box	or owner/of Form DTF- may file For our Web sit	ficer information 95. If only your a m DTF-96. You c e, by phone, or b	tification number, address, has changed, you must file ddress has changed, you an get these forms from by fax. See the Need help?				aly)
			section on t	he back page.					
0	ropolitan transportation busines you do business in the Metropolitar es, you must also file Form CT-186-	Commuter Transp	ortation Dist						No 🔳
Ā. ▼	Pay amount shown on line 15. Ma Attach your payment here. Detach	ke check payable to all check stubs.	o: New York	State Corpo	oration Ta		Α.	Payment enclose	ed
OI	mputation of tax								
	Tax on gross earnings (from line 26))					1.		
	Tax on dividends (from line 36)								
	Total tax (add lines 1 and 2)						3.		
	Minimum tax						4.		125 00
	Franchise tax (amount from line 3 or						5.		
	Tax credits: Mark an X in the box(e		-						
	CT-41 •□ CT-43 •□ CT-2						6.		
7	Net franchise tax (subtract line 6 from	m line 5)					7.		
	First installment of estimated tax for	or next period:							
a	If you filed a request for extension,	enter amount from	Form CT-5.	9, line 2			8a.		
b	If you did not file Form CT-5.9 and	line 7 is over \$1,00	00, enter 25%	% of line 7			8b.		
9	Total (add lines 7 and 8a or 8b)						9.		
0	Total prepayments (from line 50)						10.		
1	Balance (if line 10 is less than line 9,	subtract line 10 from	line 9)				11.		
	Penalty for underpayment of estim	•			,		12.		
3	Interest on late payment (see instru	ctions)					13.		
	Late filing and late payment penal					_			
	Balance due (add lines 11 through 1					_			
	Overpayment (if line 9 is less than lin								
	Amount of overpayment to be cred	-				_			
	Balance of overpayment (subtract la	•				_			
	Amount of overpayment to be cred					_			
	Refund (subtract line 19 from line 18,						20.	·	-4-
	tification: I certify that this return a nature of authorized person	nd any attachment	s are to the	best of my kr Official ti		and belief t	rue, corre	ct, and compl	ete.
JIGI	lature of authorized person			Official ti	iue			Date	
raid preparer use only	Signature of individual preparing this return		name (or yours		11:5				
raid p use	Address	City	State	ZIP code	ID nun	nper		Date	
_	1	Federal return fi	led: attach	CODY:	1120	Other:		1	
							DATION		
		Mail your return	on or beiore	iviaiCI1 15, 20	υο, ιο: Ν Υ	3 CURPU	MALION	MA	

40701040094

PROCESSING UNIT PO BOX 22038 **ALBANY NY 12201-2038**

Scl	nedule A — Computation of gross earnings tax and allocat		Α	_		В				
	percentage/issuer's allocation percentage		New York	State		Everywhere				
21	Gross earnings from operating revenue	21.			•					
22	Gross earnings from interest	22.			•					
23	Gross earnings from dividends	23.			•					
24	Gross earnings from other revenues	24.								
25	Total (add lines 21 through 24)	25.			•					
	Tax computation (multiply line 25, column A, by .0075; enter here and on line 1)	26.								
	Allocation percentage/issuer's allocation percentage (divide line 21, c				27.	%				
Schedule B — Computation of allocated dividend tax (based on the period January 1, 2004, through December 31, 2004)										
28	Number of shares of common stock issued	28.								
29	Number of shares of preferred stock issued	29.								
	Actual amount of paid-in capital				30.					
31	Amount of capital on which dividends were paid	•	31.							
32	Total dividends paid in calendar year 2004	•	32.							
33	Enter 4% (.04) of line 31		33.							
	Net dividends (subtract line 33 from line 32)		34.							
	Allocated dividends (multiply line 34 by percentage (%) on line 27)				35.					
	Tax computation (multiply line 35 by .045; enter here and on line 2)				36.					
	nedule C — Reconciliation of retained earnings (based on the					cember 31, 2004)				
	Balance beginning of period				37.					
38	Net increase		38.							
39	Other additions		39.							
40	Total (add lines 37, 38, and 39)				40.					
41	Dividends									
	Other deductions									
	Total (add lines 41 and 42)				43.					
	Balance end of period (subtract line 43 from line 40)				44.					
	mposition of prepayments claimed on line 10 (If you need add arate sheet, and write see attached here. Transfer the total to line 10, <i>Total</i>			relevant pre	paymer	nt information on a				
				Date pa	id	Amount				
	Mandatory first installment									
	Second installment from Form CT-400									
	Third installment from Form CT-400									
	Fourth installment from Form CT-400									
	Payment with extension request from Form CT-5.9, line 5									
	Overpayment credited from prior years				48.					
					49.					
50	Total prepayments (add lines 45 through 49; enter here and on line 10)				50.					

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms: Forms are

available 24 hours a day, 7 days a week. 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100 Business Tax Information Center: 1 800 972-1233 From areas outside the U.S. and outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired: If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a 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 1 800 972-1233.