



CT-186-P

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income Tax Law — Article 9, Section 186-a

Staple forms here

Final return Amended return

For calendar year 2008

Employer identification number		File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above) c/o			State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box			Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS		
NAICS business code number (from federal return)	If address above is new, mark an X in 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 from our Web site, by phone, or by fax. See <i>Need help?</i> in the instructions.			Audit (for Tax Department use only)
Date corporation came under the supervision of the NYS Department of Public Service					

Type of service or commodity you sell (mark an X in all boxes that apply)

Gas Electricity

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

Metropolitan transportation business tax (MTA surcharge) (mark an X in the appropriate box below)

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

Do not file Form CT-186-P — If you are a telephone or telegraph company or other provider of telecommunication services, even if those services are not your primary business, do not file this form. Instead, file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*.

A. Pay amount shown on line 17. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	A.	

Computation of tax

1	Receipts from transportation, transmission, or distribution of gas or electricity	1.	
2	Allowable exclusions from receipts on line 1 (see instructions)	2.	
3	Net receipts from transportation, transmission, or distribution of gas or electricity after allowable exclusions (subtract line 2 from line 1; see instructions)	3.	
4	Tax on gross income (multiply line 3 receipts by rate; see instructions)	4.	
5	Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s) CT-243 <input type="checkbox"/> CT-249 <input type="checkbox"/> CT-631 <input type="checkbox"/> Other credits (see instructions) <input type="checkbox"/>	5.	
6	Tax after credits (subtract line 5 from line 4)	6.	
7	Power for jobs tax credit (see instructions)	7.	
8	Net tax (subtract line 7 from line 6)	8.	
First installment of estimated tax for next period:			
9	If you filed a request for extension, enter amount from Form CT-5.9, line 2	9.	
10	If you did not file Form CT-5.9 and line 8 is over \$1,000, see instructions; otherwise enter 0	10.	
11	Total (add lines 8 and 9 or 10)	11.	
12	Total prepayments (enter amount from line 32)	12.	
13	Balance (if line 12 is less than line 11, subtract line 12 from line 11)	13.	
14	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	14.	
15	Interest on late payment (see instructions)	15.	
16	Late filing and late payment penalties (see instructions)	16.	
17	Balance due (add lines 13 through 16 and enter here; enter the payment amount on line A above)	17.	
18	Overpayment (if line 11 is less than line 12, subtract line 11 from line 12)	18.	
19	Amount of overpayment to be credited to next period	19.	
20	Balance of overpayment (subtract line 19 from line 18)	20.	

(continued on page 2)

Computation of tax *(continued)*

21	Amount to be credited to Form CT-186-P/M	• 21.	
22	Amount of overpayment to be refunded <i>(subtract line 21 from line 20)</i>	■ 22.	
23	Amount of unused tax credits to be refunded <i>(see instructions)</i>	■ 23.	
24	Refundable tax credits to be credited to next year's tax <i>(see instructions)</i>	■ 24.	

Composition of prepayments claimed on line 12 *(see instructions)*

		Date paid	Amount
25	Mandatory first installment	25.	
26	Second installment from Form CT-400	26.	
27	Third installment from Form CT-400	27.	
28	Fourth installment from Form CT-400	28.	
29	Payment with extension request, Form CT-5.9, line 5	29.	
30	Overpayment credited from prior years	30.	
31	Overpayment credited from Form CT-186-P/M <input type="text" value="Period"/>	31.	
32	Total prepayments <i>(add lines 25 through 31; enter here and on line 12)</i>	32.	

Third – party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number ()
	Designee's e-mail address		PIN <input type="text"/>

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person		Official title		
	E-mail address of authorized person			Date	
Paid preparer use only	Firm's name <i>(or yours if self-employed)</i>			ID number	
	Signature of individual preparing this return		Address	City	State ZIP code
	E-mail address of individual preparing this return				Date

See instructions for where to file.