



CT-186

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

Final return checkbox

Amended return checkbox

For calendar year 2013

Main form with fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, Foreign corporations, NAICS business code number, NYS principal business activity, and Audit.

Metropolitan transportation business tax (MTA surcharge)

Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (mark an X in the appropriate box)

If Yes, you must also file Form CT-186-M (see instructions) Yes No

Payment section A: Pay amount shown on line 15. Make payable to: New York State Corporation Tax. Attach your payment here.

Computation of tax

Table with 3 columns: Line number, Description, and Amount. Rows include Tax on gross earnings, Tax on dividends, Total tax, Minimum tax, Franchise tax, Tax credits, Net franchise tax, Balance due, and Refundable tax credits.

Federal return filed; attach copy: 1120 Other:

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Schedule A — Computation of gross earnings tax and allocation percentage/issuer's allocation percentage (see instr.)		A New York State	B 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	
26	Tax computation (multiply line 25, column A, by .0075; enter here and on line 1) ...	26	
27	Allocation percentage/issuer's allocation percentage (divide line 21, column A, by line 21, column B) •	27	%

Schedule B — Computation of allocated dividend tax (based on the calendar year covered by this return)			
28	Number of shares of common stock issued	28	
29	Number of shares of preferred stock issued	29	
30	Actual amount of paid-in capital (see instructions)	30	
31	Amount of capital on which dividends were paid (see instructions) •	31	
32	Total dividends paid in the calendar year covered by this return •	32	
33	Enter 4% (.04) of line 31 •	33	
34	Net dividends (subtract line 33 from line 32) •	34	
35	Allocated dividends (multiply line 34 by percentage (%) on line 27)	35	
36	Tax computation (multiply line 35 by .045; enter here and on line 2)	36	

Schedule C — Reconciliation of retained earnings (based on the calendar year covered by this return)			
37	Balance beginning of period	37	
38	Net increase	38	
39	Other additions	39	
40	Total (add lines 37, 38, and 39)	40	
41	Dividends •	41	
42	Other deductions •	42	
43	Total (add lines 41 and 42)	43	
44	Balance end of period (subtract line 43 from line 40)	44	

Composition of prepayments claimed on line 10 (If you need additional space, enter all relevant prepayment information on a separate sheet, and write **see attached** in this section. Transfer the total to line 10, *Total prepayments*.)

	Date paid	Amount
45	Mandatory first installment	45
46a	Second installment from Form CT-400	46a
46b	Third installment from Form CT-400	46b
46c	Fourth installment from Form CT-400	46c
47	Payment with extension request from Form CT-5.9, line 5	47
48	Overpayment credited from prior years	48
49	Overpayment credited from Form CT-186-M <input type="text" value="Period"/>	49
50	Total prepayments (add lines 45 through 49; enter here and on line 10)	50

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	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	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number ()	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN	Date

See instructions for where to file.

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