

Amended ____

New York State Department of Taxation and Finance

Utility Corporation Franchise Tax ReturnFor continuing section 186 taxpayers only

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

For calendar year 2013

_	return 👢					Tor calcinaar year 20 1			
	mployer identification number (EIN)	File number	Business telephone no	umber		If you claim an overpayment, mark			
	egal name of corporation		/	Trade name/DBA		an X in the box			
7	Mailing name (if different from legal name above) and	address	State or country of	State or country of incorporation Date received (for Tax Department use					
Ι,	:/o								
	Jumber and street or PO box			Date of incorporat	ion				
(Dity	State	ZIP code	Foreign corporations business in NYS	s: date began				
L				Business in 1416					
1	IAICS business code number (from NYS Pub 910)	If address/phone	— If you need to unc	late your address o	Audit	(for Tax Department use only)			
		above is new, mark an X in the box		rporation tax, or oth					
1	IYS principal business activity		types, you can do	so online. See Bus	iness				
			information in For	m C1-1.					
et	ropolitan transportation business	tax (MTA surchar	ge)						
	ou do business in the Metropolitan	•		CTD)? (mark an X	in the approp	riate box)			
	s, you must also file Form CT-186-N								
Ą.	Pay amount shown on line 15. Mal	ke payable to: Ne и	York State Corp	oration Tax		Payment enclosed			
<u> </u>	Attach your payment here. Detach	all check stubs. (S	ee instructions for de	tails.)	A				
or	nputation of tax								
1	Tax on gross earnings (from line 26).				• 1				
2	Tax on dividends (from line 36)				• 2				
3	Total tax (add lines 1 and 2)				• 3				
4	finimum tax					125 0			
5	Franchise tax (amount from line 3 or line 4, whichever is larger)								
6	Tax credits: Mark an X in the box(es	s) to indicate the fo	rm(s) filed and atta	ch form(s)					
	CT-40 ◆ ☐ CT-41 ◆ ☐ CT-4	43 ● ☐ CT-243	• ☐ CT-249 • [☐ CT-501 ● ☐]				
	CT-502 • □ CT-631 • □ □	OTF-630 ● □ Ot	her credits (see instruc	ctions) • 🗌	• 6				
7	Net franchise tax (subtract line 6 from	n line 5)	······		7				
	First installment of estimated tax for	or next period:							
3a	If you filed a request for extension,	● 8a							
3b	If you did not file Form CT-5.9 and	s) 8b							
9	Total (add lines 7 and 8a or 8b)	9							
10	Total prepayments (from line 50)	• 10							
11	Balance (if line 10 is less than line 9, so	11							
2	Estimated tax penalty (see instruction	• 12							
13	Interest on late payment (see instructions)								
4	Late filing and late payment penalties (see instructions)								
15	Balance due (add lines 11 through 14 and enter here; enter payment amount on line A above)								
16	Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)								
17	Amount of overpayment to be credited to next period								
8	Balance of overpayment (subtract lin	• 18							
19	Amount of overpayment to be cred	• 19							
)a	Overpayment to be refunded (subt	■ 20a							
)b	Refund of unused tax credits (see in	Refund of unused tax credits (see instructions)							
_	Refundable tax credits to be credit	ns) 20c							



Sch	edule /	A — Computation of gross earnings tax and allocation			Α				В		
-		percentage/issuer's allocation percentage (see instr.		Ne	w Yor	k State			Everyw	here	
21	Gross	earnings from operating revenue 2	1 •				•				\Box
			2 •				•				
23	Gross	earnings from dividends 2	3 •				•				
24	Gross	earnings from other revenues	4 °				•				
25	Total (a	dd lines 21 through 24) 2	5 🖣				•				Т
26	Tax con	putation (multiply line 25, column A, by .0075; enter here and on line 1)	6								
		on percentage/issuer's allocation percentage (divide line 21, colu									%
Sch	Schedule B — Computation of allocated dividend tax (based on the calendar year covered by this return)										
28	Number of shares of common stock issued										
		lumber of shares of preferred stock issued						0			
30	Actual	Actual amount of paid-in capital (see instructions)									\perp
		t of capital on which dividends were paid (see instructions)						_			_
		vidends paid in the calendar year covered by this return						_			_
		% (.04) of line 31									丄
		idends (subtract line 33 from line 32)									_
		ed dividends (multiply line 34 by percentage (%) on line 27)									_
		mputation (multiply line 35 by .045; enter here and on line 2)						6			\bot
		C — Reconciliation of retained earnings (based on the			_		_		turn)		_
		e beginning of period						7			\perp
		rease						8			\perp
		dditions					_	9			╄
		dd lines 37, 38, and 39)					. 4	0			丄
		ids• 4					_				
		leductions 4									\vdash
		dd lines 41 and 42)					_	3			$oldsymbol{\perp}$
		e end of period (subtract line 43 from line 40)						4			\perp
		on of prepayments claimed on line 10 (If you need addit						repayı	ment info	rmation or	ıa
sepa	arate sn	eet, and write see attached in this section. Transfer the total to	ıın	e 10, <i>1</i>	otai pi				Λ 100		
45					45	Date p	aiu		Am	ount	\vdash
		tory first installment			45						+
											+
	b Third installment from Form CT-400										+
	c Fourth installment from Form CT-400										+
	7 Payment with extension request from Form CT-5.9, line 5										+
	8 Overpayment credited from prior years							8			+
	Overpayment credited from Form CT-186-M Period							9			┿
50	iotai pi	epayments (add lines 45 through 49; enter here and on line 10)					ɔ	0			<u>_</u>
Thi	rd – pai	ty Yes No Designee's name (print)						Desig	nee's phone	number	
d	esigne	Designee's e-mail address						1			
	instructio	ns)							PIN		
Cert	ificatio	n: I certify that this return and any attachments are to the best			wledg				ect, and	complete.	
Aut	horized	Printed name of authorized person Signature of authorized	pers	on		Offic	ial titl	е			
	rson E-mail address of authorized person Telephone number								Date		
1	Paid	Firm's name (or yours if self-employed)		Firm	n's EIN			Prep	oarer's PTIN	or SSN	
_	eparer	Signature of individual preparing this return Address				City		١ ;	State	ZIP code	
	use only					D 1 100			Date		
	Prepare E-mail address of individual preparing this return Prepare E-mail address of individual preparing this return					reparer's NY	reparer's NYTPRIN				

See instructions for where to file.

