



CT-189-WR

(8/00)

New York State Department of Taxation and Finance

Claim for Refund of Section 189 Tax and Tax Surcharges

Tax Law — Article 9, Section 189

Employer identification number •		Social security number •		For office use only	
Name			If address on return is new, check box. <input type="checkbox"/>		NG Date received
Number and street					
City or town		State		ZIP code	
Location of headquarters			Business telephone number ()		
Type of organization:					Audit use
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____					

Period

Enter period covered by this refund claim. From: • / / to • / /

Schedule A — Refund of tax based on price differential

Part I — Refund of tax and tax surcharge collected by a regulated public utility (sections 189 and 189-b)

Line A — Number of Mcf's (1,000 cubic feet) of gas service imported by and delivered to you in New York State during the period covered by this claim:

1	Section 189 tax and 189-b tax surcharge paid per utility bill	1	
2	Actual consideration paid for same period	2	
3	Tax rate (see instructions)	3	
4	Tax due under section 189 (multiply line 2 by line 3)	4	
5	Tax surcharge due under section 189-b (multiply line 4 by the applicable rate)	5	
6	Total tax and tax surcharge due (add lines 4 and 5)	6	
7	Refund (subtract line 6 from line 1)	7	•

Part II — Refund of metropolitan transportation business tax (MTA surcharge) collected by a regulated public utility (section 189-a)

Line B — Number of Mcf's (1,000 cubic feet) of gas service imported by and delivered to you in the Metropolitan Commuter Transportation District (MCTD) during the period covered by this claim:

8	Section 189-a MTA surcharge paid per utility bill	8	
9	Actual consideration paid for same period	9	
10	Adjusted MTA surcharge rate (see instructions)	10	
11	MTA surcharge due under section 189-a (multiply line 9 by line 10)	11	
12	Refund (subtract line 11 from line 8)	12	•

Part III — Total refund of sections 189, 189-a, and 189-b tax and tax surcharges

13	Total refund (add lines 7 and 12)	13	•
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Schedule B — Refund of the full amount of section 189, 189-a, and 189-b tax and tax surcharges collected by a regulated public utility

14	Number of Mcf's (1,000 cubic feet) of gas service upon which tax was collected during the period covered by the refund claim	14	
15	Section 189 tax and 189-b tax surcharge per utility bill (see instructions)	15	
16	Number of Mcf's of gas service upon which the metropolitan transportation tax (MTA surcharge) was collected during the period covered by the refund	16	
17	Section 189-a MTA surcharge paid per utility bill (see instructions)	17	
18	Refund of sections 189, 189-a, and 189-b tax and tax surcharges (add lines 15 and 17)	18	•

Schedule C — Refund of tax and tax surcharges to a co-generation facility that does not have a section 189 direct pay permit

Part I — Refund of tax and tax surcharge collected by a regulated public utility based on price differential (sections 189 and 189-b)

Line A — Number of Mcf's (1,000 cubic feet) of gas service imported by and delivered to you in New York State during the period covered by this claim: •

19	Section 189 tax and 189-b tax surcharge paid per utility bill	19	<input type="text"/>
20	Actual consideration paid for same period	20	<input type="text"/>
21	Tax rate (see instructions)	21	<input type="text"/>
22	Tax due under section 189 (multiply line 20 by line 21)	22	<input type="text"/>
23	Tax surcharge due under section 189-b (multiply line 22 by the applicable rate)	23	<input type="text"/>
24	Total tax and tax surcharge due (add lines 22 and 23)	24	<input type="text"/>
25	Refund (subtract line 24 from line 19)	25	• <input type="text"/>

Part II — Refund of MTA surcharge based on price differential collected by a regulated public utility (section 189-a)

Line B — Number of Mcf's (1,000 cubic feet) of gas service imported by and delivered to you in the MCTD during the period covered by this claim: •

26	Section 189-a MTA surcharge paid per utility bill	26	<input type="text"/>
27	Actual consideration paid for same period	27	<input type="text"/>
28	Adjusted MTA surcharge rate (see instructions)	28	<input type="text"/>
29	MTA surcharge due under section 189-a (multiply line 27 by line 28)	29	<input type="text"/>
30	Refund (subtract line 29 from line 26)	30	• <input type="text"/>

Part III — Refund for co-generation facilities exemption (sections 189 and 189-b)

31	BTU value of electricity and steam supplied to thermal energy host	31	<input type="text"/>
32	BTU value of total electricity and steam produced by the co-generator	32	<input type="text"/>
33	Exemption percentage (divide line 31 by line 32; enter result to two decimal places)	33	<input type="text"/> %
34	Section 189 tax and 189-b tax surcharge paid for refund period (see instructions)	34	<input type="text"/>
35	Refund (multiply line 34 by the percentage on line 33)	35	• <input type="text"/>

Part IV — Refund for co-generation facilities exemption (MCTD) (section 189-a)

36	BTU value of electricity and steam supplied to thermal energy host in the MCTD	36	<input type="text"/>
37	BTU value of total electricity and steam produced by the co-generator in the MCTD	37	<input type="text"/>
38	Exemption percentage (divide line 36 by line 37; enter result to two decimal places)	38	<input type="text"/> %
39	Section 189-a MTA surcharge paid for refund period (see instructions)	39	<input type="text"/>
40	Refund (multiply line 39 by the percentage on line 38)	40	• <input type="text"/>

Part V — Total refund of section 189, 189-a, and 189-b tax and tax surcharge to co-generators

41	Total refund (add lines 25, 30, 35, and 40)	41	• <input type="text"/>
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Schedule D — Refund of tax for any other reason (Attach your revised tax computation and a computation of your refund)

In accordance with Article 27, section 1087, of the Tax Law, I make the following claim for credit or refund of tax paid.

Tax period ending
 Amount of claim \$ •
 Reason for claim

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

Signature of elected officer or authorized person		Official title	Date
Paid preparer use only	Firm's name (or yours if self-employed)	ID number	Date
	Address		Signature of individual preparing this return