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

2012

Final return ☐

Amended return ☐

For calendar year 2012

Employer identification number	File number	Business telephone number		If you claim an overpayment, mark an **X** in the box ☐
		( )		

Legal name of corporation	Trade name/DBA

Mailing name *(if different from legal name above)* and address	State or country of incorporation	*Date received (for Tax Department use only)*
c/o		
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/phone above is new, mark an **X** in the box ☐	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.	*Audit (for Tax Department use only)*
Principal business activity			

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 ☐

A. Pay amount shown on line 15. Make payable to: ***New York State Corporation Tax*** Attach your payment here. Detach all check stubs. *(See instructions for details.)*	**A**	Payment enclosed	

Computation 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	Minimum tax	**4**	125	00
5	Franchise tax *(amount from line 3 or line 4, whichever is larger)*	**5**		
6	Tax credits: Mark an **X** in the box(es) to indicate the form(s) filed and attach form(s) CT-40 ☐ CT-41 ☐ CT-43 ☐ CT-243 ☐ CT-249 ☐ CT-631 ☐ DTF-630 ☐ Other credits *(see instructions)* ☐	**6**		
7	Net franchise tax *(subtract line 6 from line 5)*	**7**		
	First installment of estimated tax for next period:			
8a	If you filed a request for extension, enter amount from Form CT-5.9, line 2	**8a**		
8b	If you did not file Form CT-5.9 and line 7 is over $1,000, enter 25% of line 7 *(see instructions)*	**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, subtract line 10 from line 9)*	**11**		
12	Estimated tax penalty *(see instructions; mark an **X** in the box if Form CT-222 is attached)* ☐	**12**		
13	Interest on late payment *(see instructions)*	**13**		
14	Late filing and late payment penalties *(see instructions)*	**14**		
15	**Balance due** *(add lines 11 through 14 and enter here; enter payment amount on line A above)*	**15**		
16	Overpayment *(if line 9 is less than line 10, subtract line 9 from line 10)*	**16**		
17	Amount of overpayment to be credited to next period	**17**		
18	Balance of overpayment *(subtract line 17 from line 16)*	**18**		
19	Amount of overpayment to be credited to Form CT-186-M	**19**		
20a	Overpayment to be **refunded** *(subtract line 19 from line 18)*	**20a**		
20b	Refund of unused tax credits *(see instructions)*	**20b**		
20c	Refundable tax credits to be credited as an overpayment to the next period *(see instructions)*	**20c**		

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 Period		49	
50 Total prepayments *(add lines 45 through 49; enter here and on line 10)*		50	

Third – party designee *(see instructions)*			
Yes ☐ No ☐	Designee's name *(print)*		Designee's phone number ( )
Designee's e-mail address			PIN

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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