



CT-186-P

Department of Taxation and Finance

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

Final return ☐ Amended return ☒

For calendar year 2025

Employer identification number (EIN)		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 address			State or country of incorporation		
Care of (c/o)					
Number and street or PO Box			Date of incorporation	Foreign corporations: date began business in NYS	
City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)		For office use only
NAICS business code number (from NYS Pub 910)		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			
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

Calculation 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			
6			
7a	Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or § 195.20? (see Form CT-1; mark an X in one box) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7b	Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s) CT-48 • <input type="checkbox"/> CT-249 • <input type="checkbox"/> CT-631 • <input type="checkbox"/> CT-663 • <input type="checkbox"/> Other credits (see instr.) • <input type="checkbox"/>		
8	Net tax (subtract line 7b from line 4; see instructions)	8	
9			
10			
11			
12	Total prepayments (enter amount from line 32; see instructions)	12	
13a	Underpayment (subtract line 12 from line 8)	13a	
13b	Additional amount for 2026 MFI (see instructions)	13b	
13c	Increased balance due (add lines 13a and 13b)	13c	
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 13c through 16 and enter here; enter the payment amount on line A above)	17	

(continued on page 2)

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Calculation of tax *(continued)*

18a	Excess prepayments <i>(subtract line 8 from line 12)</i>	• 18a	
18b	Amount previously credited to 2026 MFI <i>(see instructions)</i>	• 18b	
18c	Overpayment <i>(subtract line 18b from line 18a)</i>	• 18c	
19	Amount of overpayment from line 18c that you want credited to next period	■ 19	
20	Balance of overpayment <i>(subtract line 19 from line 18c)</i>	• 20	
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 from Form CT-300 due by 3/17/2025 <i>(see instructions)</i>	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 <i>(see instructions)</i>	30	
31	Overpayment credited from Form CT-186-P/M Period	31	
32	Total prepayments <i>(add lines 25 through 31; enter here and on line 12)</i>	32	

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

See instructions for where to file.

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