



CT-189
(8/91)

Tax on Importation of Gas Services
Tax Law — Article 9, Section 189

Taxable Period (check only one):

- August 1, 1991 - August 31, 1991
 September 1, 1991 - November 30, 1991

| | | | | |
|--|-------|--|---------------------|--|
| Employer identification number or social security number | | You must report changes to your name, EIN, address or owner/ officer information on Form DTF-95. Also, if address on return is new, check box. <input type="checkbox"/> | For office use only | |
| Name | | | Date received | |
| Number and street | | | | |
| City or town | State | | | |
| Location of headquarters | | Business telephone number () | | |
| Type of organization: | | | | |
| <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ | | | | |

Do you import natural gas into the Metropolitan Commuter Transportation District? Yes No

| | |
|---|------------------|
| A. Payment — pay amount shown on line 14 or 33 — Make check payable to: Commissioner of Taxation and Finance | Payment enclosed |
|---|------------------|

Schedule A — Collection and Remittance by a Regulated Public Utility

Part I — Computation of Tax and Tax Surcharge Due

| | | |
|--|----|---------|
| 1 Number of Mcf's (one thousand cubic feet) of gas service imported by and delivered to transportation customers in New York State | 1 | |
| 2 Average annual gas price per Mcf (\$1.72) | 2 | \$ 1 72 |
| 3 Total amount on which to compute tax (multiply line 1 by line 2) | 3 | |
| 4 Tax rate (4¼%) | 4 | .0425 |
| 5 Tax required to be collected (multiply line 3 by line 4) | 5 | |
| 6 Tax surcharge (multiply line 5 by 15% (.15)) | 6 | |
| 7 Total tax and tax surcharge (add lines 5 and 6) | 7 | |
| 8 Metropolitan transportation tax surcharge (from Part II, line 19) | 8 | |
| 9 Tax and tax surcharges required to be collected (add lines 7 and 8) | 9 | |
| 10 Credits and other adjustments (see instructions) Explain: _____ | 10 | |
| 11 Balance after credits (subtract line 9 from line 10) | 11 | |
| 12 Interest on late payment | 12 | |
| 13 Additional charges | 13 | |
| 14 Total remittance due (add lines 11, 12 and 13; enter payment on line A above) | 14 | |

Part II — Computation of Metropolitan Transportation Tax Surcharge

| | | |
|---|----|---------|
| 15 Number of Mcf's of gas service imported by and delivered to transportation customers in the MCTD | 15 | |
| 16 Average annual gas price per Mcf (\$1.72) | 16 | \$ 1 72 |
| 17 Total amount on which to compute the Metropolitan transportation tax surcharge (Multiply line 15 by line 16) | 17 | |
| 18 Surcharge rate (tax rate adjusted by metropolitan transportation rate of 17%) | 18 | .007225 |
| 19 Metropolitan transportation tax surcharge required to be collected (multiply line 17 by line 18; also enter on line 8) | 19 | |

Schedule B — Computation and Payment of Tax by Gas Importers not using a Regulated Public Utility or by Co-generators which have obtained a Direct Payment Permit

Part I — Computation of Tax and Tax Surcharge Due

| | | | |
|----|--|----|-------|
| 20 | Total consideration for gas services imported for consumption into New York State during the taxable period (see instructions) | 20 | |
| 21 | Exemption for co-generators (from Part II, line 38) | 21 | |
| 22 | Net consideration (subtract line 21 from line 20) | 22 | |
| 23 | Tax rate (4¼%) | 23 | .0425 |
| 24 | Tax (multiply line 22 by line 23) | 24 | |
| 25 | Tax surcharge (multiply line 24 by 15% (.15)) | 25 | |
| 26 | Total tax and tax surcharge (add lines 24 and 25) | 26 | |
| 27 | Metropolitan transportation tax surcharge (from Part III, line 43) | 27 | |
| 28 | Tax and tax surcharges due (add lines 26 and 27) | 28 | |
| 29 | Credits and other adjustments (see instructions) Explain: _____ | 29 | |
| 30 | Balance (if line 29 is less than line 28, subtract line 29 from line 28) | 30 | |
| 31 | Interest on late payment | 31 | |
| 32 | Additional charges | 32 | |
| 33 | Total balance due (add lines 30, 31 and 32; enter payment on line A on front of form) | 33 | |

Part II — Exemption for Co-generation Facilities

| | | | |
|----|--|----|---|
| 34 | BTU value of electricity and steam supplied to thermal energy host | 34 | |
| 35 | BTU value of total electricity and steam produced by the co-generator | 35 | |
| 36 | Exemption percentage (divide line 34 by line 35; enter to two decimal percentage points) | 36 | % |
| 37 | Total consideration for natural gas consumed by co-generation (from line 20) | 37 | |
| 38 | Exemption (multiply line 37 by line 36; also enter on line 27) | 38 | |

Part III — Computation of Metropolitan Transportation Tax Surcharge

| | | | |
|----|--|----|---------|
| 39 | Total consideration for gas service imported for consumption into the MCTD | 39 | |
| 40 | Exemption for co-generators (from Part IV, line 48) | 40 | |
| 41 | Net consideration (subtract line 40 from line 39) | 41 | |
| 42 | Surcharge rate (tax rate adjusted by the metropolitan transportation rate of 17%) | 42 | .007225 |
| 43 | Metropolitan transportation tax surcharge (multiply line 41 by line 42; also enter on line 27) | 43 | |

Part IV — Exemption for Co-generation Facilities Within the MCTD

| | | | |
|----|--|----|---|
| 44 | BTU value of electricity and steam supplied to thermal energy host in the MCTD | 44 | |
| 45 | BTU value of total electricity and steam produced by the co-generator in the MCTD | 45 | |
| 46 | Exemption percentage (divide line 44 by line 45; enter to two decimal percentage points) | 46 | % |
| 47 | Total consideration for natural gas consumed by co-generation in the MCTD (from line 39) | 47 | |
| 48 | Exemption (multiply line 47 by line 46; also enter on line 40) | 48 | |

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

| | | |
|---------------------------|---|---|
| Date | Signature of elected officer or authorized person | Official title |
| Date | Print or type name of paid individual or firm preparing this return | Signature of individual preparing this return |
| Paid preparer's ID number | Paid preparer's address | |

Mail your return to: **NYS Corporation Tax Processing Unit
P.O. Box 1909
Albany, NY 12201-1909**