

CT-186-P

New York State Department of Taxation and Finance Utility Services Tax Return — Gross Income Tax Law — Article 9, Section 186-a

_	Final return	Amended retu								calendar year			
E	mployer identification	on number		File number	Busi	iness telephone numb	ber			If you claim an overpayment, mark an X in the box	`		
L	egal name of corpor	ration					Trade name/DB	BA					
N	Mailing name (if different from legal name above) C/O Number and street or PO box						State or country	of incorporation	on Date received (for Tax Department use only)				
							Data of in a surrounting						
N						Date of incorporation							
С	ity			State	ZIP co	ode	Foreign corporate business in NYS	ions: date began					
N	AICS business code number (from federal return) If address/phone above is new, mark an X in box				inf typ	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site			Audit (for Tax Department use only)				
SI Of	Date corporation came under the at www.nystax.gov and look for the change uppervision of the NYS Department at www.nystax.gov and look for the change my address option. Otherwise, see Busing uppervision of the NYS Department information in Form CT-1.												
Type	of service or co	ommodity you sell (mark an	X in all boxe	es that apply)	•								
	Gas ●	Electricity	•										
f this						Address of prior owner or operator							
f this	this is your final return, enter name of new owner, if any				A	Address of new owner							
4 - 4 -	114 4		/8.47			l V ! #l		II					
	-	nsportation business	•					,					
	ou do business	in the Metropolitan Con	nmuter Tra	ansportation	District	t? If Yes, you mu	ust file Form C	Г-186-Р/М (se					
o n	ot file Form C	T-186-P — If you are a to			compa	iny or other prov					es are		
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Con	nputati	on of tax (continued)									
21	Amount to be credited to Form CT-186-P/M										
22	Amoun	nt of overpayment to be refunded (subtract line 21 from line 20)									
23	Amoun	of unused tax credits to be refunded (see instructions)		23.							
24	Refund	efundable tax credits to be credited to next year's tax (see instructions)									
										'	
Con	npositi			Date paid	d	Amount					
25	Mandatory first installment										
26	Second	installment from Form CT-400	2	26.							
27	Third in	stallment from Form CT-400	2	27.							
28	Fourth	nstallment from Form CT-400	2	28.							
29	Paymer	t with extension request, Form CT-5.9, line 5	2	9.							
30	30 Overpayment credited from prior years										
31											
32		epayments (add lines 25 through 31; enter here and on line 12)				32.					
Thi	rd – par	y Yes No Designee's name (print)				[Designee	e's phon	e number		
	esignee	Tes No Designee's e-mail address				()			
(see instructions)		Designee's e-mail address									
Cert	ification	: I certify that this return and any attachments are to the best of	my knowle	edge	and belief t	rue,	correc	t, and	comple	te.	
Α	- سايده مالد		Official title								
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person		2 mail address of address person					Dato				
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pre	parer S	gnature of individual preparing this return Address		City			Sta	nte	ZIP cod	e	
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	nly instr.)	mail address of individual preparing this return		F	reparer's NYTP	RIN		Date			

See instructions for where to file.