

# CT-186-E New York State Department of Taxation and Finance Telecommunications Tax Return and Utility Services Tax Return Tax Law – Article 9, Sections 186-e, 186-a, and 186-c

| F        | inal return                       | Amended return                            |           |                     |                    |             |                           |                                       |                    | F             | or calendar yea               | ar 2013   |
|----------|-----------------------------------|---|-----------|---------------------|--------------------|-------------|---------------------------|---------------------------------------|--------------------|---------------|-------------------------------|-----------|
| E        | Employer identification n         | umber (EIN)                               |           | File number         | Business t         | telephone   | number                    |                                       |                    |               | If you claim a                |           |
|          |                                   |   |           |                     | (                  | )           |                           |                                       |                    |               | overpayment<br>an X in the bo |           |
| Ī        | Legal name of corporation         | on  |           |                     |                    |             |                           | Trade name/D                          | BA                 |               |                               |           |
|          | Mailing name <i>(if different</i> | from logal name above)                    |           |                     |                    |             |                           | State or countr                       | y of incorporation | Date receive  | d (for Tax Department         | use only) |
|          | 0                                 | irom legal name above)                    |           |                     |                    |             |                           | otato or oount                        | y or moorporation  | Date receive  | d (IOI Tax Department)        | use only) |
|          | c/o<br>Number and street or PC    | box                                       |           |                     |                    |             |                           | Date of incorp                        | oration            | -             |                               |           |
| ľ        | Number and street of PC           |   |           |                     |                    |             |                           | Bate et meerp                         |                    |               |                               |           |
| (        | City                              |   |           | State               | ZIP code           |             |                           | Foreign corpora<br>business in NYS    | tions: date began  |               |                               |           |
| ľ        | NAICS business code nu            | umber (from <b>NYS Pub 910</b> )          | above is  |                     |                    |             |                           | /our addres                           |                    | Audit (for Ta | x Department use only)        | )         |
| •        | NYS principal business a          | activity                                  | mark an   | X in the box        |                    |             |                           | ation tax, or<br>Inline. See <i>E</i> |                    |               |                               |           |
| '        | <b>13</b> principal business a    | activity                                  |           |                     | informati          |             |                           |                                       | 003111033          |               |                               |           |
|          | Data cama undar suponi            | ision of NYS Department of P              | ublic Son |                     | ato salo of utilit | v or tolog  | mmunic                    | ation services b                      | ogan               |               |                               |           |
|          | Date came under supervi           | ision of NTO Department of T              |           |                     | ate sale of utilit | y or teleot | Jinnunic                  | 2001 361 1063 2                       | logan              |               |                               |           |
|          | Davis and starts also             | and the do Mal                            |           |                     | Vende Oter         |             |                           | · · · · <b>T</b> · · ·                | -                  |               | Payment enclosed              | 4         |
| A.       | Attach your pay                   | own on line 18. Mak<br>yment here. Detach | all che   | able to: <b>New</b> | YORK Stat          | te Cor      | <b>oorat</b> i<br>Notails | ion Iax                               | _                  | Α             | T dymont onoiococ             |           |
|          | / lituon your pu                  |   |           |                     |                    |             | iotano.                   | /                                     |                    | ~             |                               |           |
| <b>^</b> |                                   |   |           |                     |                    |             | 1                         | ۸                                     | - NYS              |               | <b>B</b> — MTA                |           |
|          | nputation of tax                  | ax<br>elecommunications                   | sonvic    | es (from line 1     | 3)                 |             | 1                         | ~                                     | - 1110             |               | <b>D</b> – WHA                |           |
| 2        |                                   | icome (from line 92; se                   |           |                     |                    |             |                           |                                       |                    |               |                               |           |
| 3        | -                                 | l lines 1 and 2)                          |           |                     |                    |             |                           |                                       |                    |               |                               |           |
| 4        |                                   | related to telecomn                       |           |                     |                    |             | 4                         |                                       |                    |               |                               |           |
| 5        | •                                 | on gross income (fr                       |           |                     |                    | ,           | 5                         |                                       |                    |               |                               |           |
|          | •                                 | harges (add lines 4 an                    |           |                     |                    |             | 6                         |                                       |                    | •             |                               |           |
|          | t installment of                  | <b>e</b> .                                |           |                     |                    |             |                           |                                       |                    | •             |                               |           |
| 7        | If <b>you filed</b> a re          | equest for extension,                     | enter     | amounts from        | m                  |             |                           |                                       |                    |               |                               |           |
|          |                                   | -E, line 8, columns A                     |           |                     |                    | •           | 7                         |                                       |                    |               |                               |           |
| 8        |                                   | file Form CT-5.9-E a                      |           |                     |                    |             |                           |                                       |                    |               |                               |           |
|          |                                   | ns  |           |                     |                    |             | 8                         |                                       |                    |               |                               |           |
| 9        | If you did not f                  | f <b>ile</b> Form CT-5.9-E a              | nd line   | e 2 is over \$1     | ,000,              | -           |                           |                                       |                    |               |                               |           |
|          | see instructior                   | ns  |           |                     |                    |             | 9                         |                                       |                    |               |                               |           |
| 10       | Add lines 8 and                   | 9   |           |                     |                    |             | 10                        |                                       |                    |               |                               |           |
| 11       | Total (column A,                  | add lines 3 and 7 or 3                    | and 10    | ; column B, ac      | dd lines 6 ai      | nd 7        |                           |                                       |                    | •             |                               |           |
|          | ,                                 |   |           |                     |                    |             | 11                        |                                       |                    |               |                               |           |
| 12       | Total prepayme                    | ents (transfer amounts                    | from lir  | ne 103, columr      | ns A and B)        | ••••        | 12                        |                                       |                    | •             |                               |           |
| 13a      | Balance (if line 1                | 12 is less than line 11, s                | subtrac   | t line 12 from l    | line 11;           |             |                           |                                       |                    |               |                               |           |
|          |                                   | s)  |           |                     |                    |             | 13a                       |                                       |                    |               |                               |           |
| 13b      |                                   | if line 12 is more than li                |           |                     |                    |             |                           |                                       |                    |               |                               |           |
|          |                                   | s)  |           |                     |                    | •           | 13b                       |                                       |                    |               |                               |           |
| 14a      |                                   | A overpayment on lir                      |           |                     |                    |             |                           |                                       |                    |               |                               |           |
|          |                                   | instructions)                             |           |                     |                    |             | 14a                       |                                       |                    |               |                               |           |
| 14b      |                                   | S overpayment on lir                      |           |                     |                    |             |                           |                                       |                    |               |                               |           |
|          |                                   | e instructions)                           |           |                     |                    |             |                           |                                       |                    |               |                               |           |
| 14C      | Balance due be                    | efore penalties and i                     | nteres    | t (see instructio   | ons)               | •           | 14C                       |                                       |                    |               |                               |           |



|     | nputation of tax   | A - NYS               | B — MTA                     |
|-----|--|-----------------------|-----------------------------|
| 15  | Estimated tax penalty (see instructions; mark an X in the box if   |                       |                             |
|     | Form CT-222 is attached) • • 15  |                       |                             |
| 16  | Interest on late payment (see instructions)  |                       |                             |
| 17  | Late filing and late payment penalties (see instructions)  |                       |                             |
| 18  | Balance due (add lines 14c through 17, both columns and enter here;  |                       |                             |
|     | enter the payment amount on line A on page 1) <b>18</b>  |                       |                             |
| 19  | Overpayment (see instructions)   |                       |                             |
| 20a | Overpayment credited to next year's NYS tax (see instructions)   |                       |                             |
|     | Overpayment credited to next year's MTA surcharge (see instructions) 20b   |                       |                             |
|     | Refund of overpayment (subtract lines 20a and 20b from line 19) 21   |                       |                             |
|     | Amount of unused tax credits to be refunded (see instructions)   |                       |                             |
| 22b | Refundable tax credits to be credited to next year's tax or surcharge (see instr.)   |                       |                             |
| Did | you provide telecommunications services in the MCTD during this tax year?  |                       |                             |
| (m  | ark an <b>X</b> in the appropriate box)  | No                    | If Yes, complete Schedule B |
|     | ervices (gas, electricity, steam, water, or refrigeration) in the MCTD during this<br>park an <b>X</b> in the appropriate box) |                       | If Yes, complete Schedule D |
| Sch | nedule A — New York State excise tax on telecommunication  | on services (Tax La   | aw section 186-e)           |
| Mar | A an X in the appropriate box (see instructions):  |                       |                             |
|     | Local carrier $A \bullet \square$ Interexchange carrier $B \bullet \square$  | Facilities-based cell | ular common carrier C •     |
| Par | t 1 — Computation of gross charges (see instructions)  |                       |                             |
| Gro | ss charges from:   |                       |                             |
|     | Intrastate services (see instructions)   | •                     | 23                          |
|     | Interstate and international services that originate or terminate within New Y   | f                     |                             |
|     | charged to a service address in New York State (service address is defined in  |                       | 24                          |
| 25  | Mobile telecommunications services (see instructions)  | -                     | 25                          |
|     | Services that are ancillary to the provision of telecommunication services (se   |                       | 26                          |
|     | Services that are provided with telecommunication services (see instructions)  |                       | 27                          |
|     | Equipment provided in connection with telecommunication services (see inst   | f                     | 28                          |
|     | Intrastate private telecommunication services (see instructions)   |                       | 29                          |
|     | Interstate and international private telecommunication channels where the c  |                       |                             |
|     | of each channel segment are separately ascertainable (see instructions)  | -                     | 30                          |
| 31  | Interstate and international private telecommunication channels where the c  |                       |                             |
|     | of each channel segment are not separately ascertainable (see instructio   | •                     | 31                          |
| 20  | Total gross charges (add lines 23 through 31)  |                       | 32                          |
| 32  | Total gloss charges (add intes 25 through 57)  | ••••••                | 52                          |



#### Part 2 — Exclusions and deductions from gross charges

| <b>33</b> I | Exclusion for charges from sales-for-resale (see instructions) | 33 |  |
|-------------|--|----|--|
| 34 (        | Other exclusions (see instructions)                            | 34 |  |
| 35 /        | Allowance for bad debts (see instructions)                     | 35 |  |
| 36          | Total exclusions and deductions (add lines 33 through 35)      | 36 |  |

#### Part 3 — Computation of tax due

| 37  | Gross charges subject to tax (subtract line 36 from line 32)  |     | <br>• ;   | 37 |      |    |
|-----|---|-----|-----------|----|------|----|
| 38  | Tax rate  |     | <br>. [;  | 38 | 0.02 | 25 |
| 39  | Excise tax on telecommunication services (multiply line 37 by line 38)  | )   | <br>• ;   | 39 |      |    |
| 40a | Resale credit (see instructions)  | 40a |           |    |      |    |
| 40b | Multijurisdictional credit (see instructions)   | 40b |           |    |      |    |
| 41  | Tax credits: Mark an X in the box(es) to indicate the form(s) filed<br>and attach form(s):<br>CT-243 ● CT-249 ● CT-631 ● CT-631 ● |     |           |    |      |    |
|     | Other credits • (see instructions)•   | 41  |           |    |      |    |
| 42  | Total credits (add lines 40a, 40b, and 41)  |     | <br>• _ 4 | 42 |      |    |
| 43  | Balance due (subtract line 42 from line 39; enter here and on line 1)   |     | <br>•     | 43 |      |    |

### Schedule B - MTA surcharge related to telecommunication services (Tax Law section 186-c.1(b)) (see instr.)

#### Part 1 – Computation of gross charges

| Gro | ss charges from:  |    |   |
|-----|---|----|---|
| 44  | Intra-MCTD services   | 44 | F |
| 45  | Inter-MCTD (including intrastate, interstate, and international) services that originate or terminate |    |   |
|     | within the MCTD and are charged to a service address in the MCTD                                      | 45 | 5 |
| 46  | MCTD mobile telecommunications services   | 46 | 5 |
| 47  | Services that are ancillary to the provision of telecommunication services                            | 47 | 7 |
| 48  | Services that are provided with telecommunication services  | 48 | 3 |
| 49  | Equipment provided in connection with telecommunication services                                      | 49 |   |
| 50  | Intra-MCTD private telecommunication services   | 50 |   |
| 51  | Inter-MCTD (including intrastate, interstate, and international) private telecommunication channels   |    |   |
|     | where the charges for the use of each channel segment are separately ascertainable                    |    |   |
|     | (see instructions for line 30)  | 51 |   |
| 52  | Inter-MCTD (including intrastate, interstate, and international) private telecommunication channels   |    |   |
|     | where the charges for the use of each channel segment are not separately ascertainable                |    |   |
|     | (see instructions for line 31)  | 52 |   |
| 53  | Total gross charges (add lines 44 through 52)   | 53 | 3 |
|     |   |    |   |

#### Part 2 – Exclusions and deductions from gross charges

| 54 | Exclusion for charges from sales-for-resale (see instructions for line 33) | 54 |  |
|----|--|----|--|
| 55 | Other exclusions (see instructions for line 34)                            | 55 |  |
| 56 | Allowance for bad debts (see instructions for line 35)                     | 56 |  |
| 57 | Total exclusions and deductions (add lines 54 through 56)                  | 57 |  |



#### Part 3 — Computation of tax due

|    | Gross charges subject to tax (subtract line 57 from line 53)              |   |    | 0.0050 |   |
|----|---|---|----|--------|---|
| 59 | MTA surcharge rate (3.5% (.035) × 17% (0.17))                             |   | 59 | 0.0059 | 5 |
| 60 | MTA surcharge on telecommunication services (multiply line 58 by line 59) | • | 60 |        |   |
| 61 | Resale credit   |   |    |        |   |
| 62 | Multijurisdictional credit (see instructions for line 40b)                |   |    |        |   |
| 63 | Total credits (add lines 61 and 62)                                       | • | 63 |        |   |
| 64 | Balance due (subtract line 63 from line 60; enter here and on line 4)     | • | 64 |        |   |

#### Schedule C – Utility services tax (Tax Law section 186-a) (see instructions)

If you **are not subject** to the supervision of the Department of Public Service, mark an **X** in box A. Do not complete Schedule C or Schedule D.

If you **are subject** to the supervision of the Department of Public Service, mark an **X** in box B and complete Schedule C and, if applicable, Schedule D.



# в •

#### Part 1 — Gross operating income

| 65 | Receipts from the sale of gas, electricity, steam, water, or refrigeration for ultimate consumption |    |  |
|----|---|----|--|
|    | or use in New York State (see instructions)   | 65 |  |
| 66 | Receipts from transportation, transmission, or distribution of gas or electricity                   | 66 |  |
| 67 | Other receipts (see instructions)   | 67 |  |
| 68 | Total (add lines 65, 66, and 67)  | 68 |  |
| 69 | Allowable deductions (attach list; see instructions)  | 69 |  |
| 70 | Gross operating income (subtract line 69 from line 68)  | 70 |  |



#### Part 2 — Receipts from interest and dividends allocated to New York State (attach list, if necessary; see instructions)

| A<br>Name of entity   | <b>B</b><br>Type of<br>security       | C<br>Amount of interest and<br>dividends received | D<br>Issuer's<br>allocation<br>percentage | E<br>Interest and dividends<br>allocated to New York State<br>(multiply column C by column D) |
|---|---------------------------------------|---|---|---|
|   |                                       |   |   |   |
|   |                                       |   |   |   |
|   |                                       |   |   |   |
| <ul> <li>71 Total interest and dividends allocated to</li> <li>72 Receipts from royalties (see instructions).</li> <li>73 Total receipts from interest, dividends, a</li> </ul> | · · · · · · · · · · · · · · · · · · · |   |   |   |

#### Part 3 — Computation of profits (see instructions)

| Prof | its from the sale of:  |    |  |
|------|--|----|--|
| 74   | Securities (see instructions)                                      | 74 |  |
| 75   | Real property (see instructions)                                   | 75 |  |
| 76   | Personal property (see instructions)                               | 76 |  |
| Othe | er profits:  |    |  |
| 77   | All other profits (see instructions)                               | 77 |  |
| 78   | Profits before allowable deductions (add lines 74 through 77)      | 78 |  |
| 79   | Allowable deductions from profits (attach list; see instructions)  | 79 |  |
|      | Profits after allowable deductions (subtract line 79 from line 78) |    |  |

#### Part 4 — Tax on gross income

| 81 | Gross operating income from line 70  | 81 |       |
|----|--|----|-------|
| 82 | Subtract exclusions from receipts shown on line 66 (see instructions)  | 82 |       |
| 83 | Adjusted gross operating income (subtract line 82 from line 81)  | 83 |       |
| 84 | Receipts from line 73  | 84 |       |
| 85 |  | 85 |       |
| 86 | Gross income (add lines 83, 84, and 85)  | 86 |       |
| 87 | Tax rate   | 87 | 0.025 |
| 88 | Tax on gross income (if line 86 is greater than \$500, multiply line 86 by line 87; otherwise enter 0)   | 88 |       |
| 89 | Power for Jobs credit (see instructions)   | 89 |       |
| 90 | Tax after Power for Jobs credit (subtract line 89 from line 88)  | 90 |       |
| 91 | Tax credits: Mark an X in the box(es) to indicate the form(s) filed and attach form(s):  |    |       |
|    | CT-243 • CT-249 • CT-501 • CT-502 • CT-631 • CT- |    |       |
|    |  |    |       |
|    |  |    |       |
|    |  |    |       |
|    |  |    |       |
|    | Other credits  | 91 |       |
| 92 | Net tax on gross income (subtract line 91 from line 90; enter here and on line 2)  | 92 |       |
|    |  |    |       |



## Schedule D – MTA surcharge on gross income for utility services (Tax Law section 186-c.1(a)) (see instr.)

| 93 | Gross income on line 86 derived from sources within the MCTD          | 93 |         |
|----|---|----|---------|
| 94 | MTA surcharge rate (3.5% (.035) x 17% (0.17))                         | 94 | 0.00595 |
| 95 | MTA surcharge (multiply line 93 by line 94; enter here and on line 5) | 95 |         |

| <b>Composition of prepayments claimed on line 12</b><br>(If you need additional space, attach a separate sheet identifying<br>all prepayment information. Transfer the total to line 103.) |        |           |     | <b>A</b><br>Section 186-e<br>and 186-a taxes | <b>B</b><br>MTA surcharges<br>(Section 186-c) |  |  |
|--|--------|-----------|-----|--|---|--|--|
|  |        | Date paid |     | Amount                                       | Amount  |  |  |
| 96 Mandatory first installment   |        |           |     |  |   |  |  |
| 97 Second installment from Form CT-400   |        |           |     |  |   |  |  |
| 98 Third installment from Form CT-400  |        |           |     |  |   |  |  |
| 99 Fourth installment from Form CT-400.  |        |           |     |  |   |  |  |
| 100 Payment with Form CT-5.9-E, line 11  | 100    |           |     |  |   |  |  |
| 101 Overpayment credited from prior years  |        |           | 101 |  |   |  |  |
| 102 Overpayment credited from Form CT-   | Period |           | 102 |  |   |  |  |
| 103 Total prepayments (total all entries on lines 96 through 102 in columns A  |        |           |     |  |   |  |  |
| and B and attachment (if any); enter here and on line 12,  |        |           |     |  |   |  |  |
| columns A and B)   |        |           | 103 |  |   |  |  |

| Third – par<br>designer<br>(see instructio  | Designee's e-mail address                          |                                |                          | Designe<br>( | e's phone<br>)<br>PIN | e number |  |  |  |
|---|--|--------------------------------|--------------------------|--------------|-----------------------|----------|--|--|--|
| Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. |  |                                |                          |              |                       |          |  |  |  |
| Authorized  | Printed name of authorized person                  | Signature of authorized person | Official titl            | е            |                       |          |  |  |  |
| person  | E-mail address of authorized person                |                                | Telephone number<br>(  ) |              |                       | Date     |  |  |  |
| Paid  | Firm's name (or yours if self-employed)            | Firm's                         | EIN                      | Prepar       | rer's PTIN            | l or SSN |  |  |  |
| preparer<br>use   | Signature of individual preparing this return      | Address                        | City                     | Sta          | ate                   | ZIP code |  |  |  |
| only<br>(see instr.)  | E-mail address of individual preparing this return |                                | Preparer's NYTPRIN       | 1            | Date                  |          |  |  |  |

See instructions for where to file.

