

Form UCT 212

Municipal Utilities, Gas Suppliers and Local Gas Distribution Companies Gross Earnings Tax Return

Instructions

When to File: A return is due on or before the last day of April, July, October, and January for each calendar quarter, even if no tax is due.

Where to File: Mail return to the address in the upper left hand corner.



▶	CT Gross Earnings Tax Registration Number
▶	For Calendar Quarter Ended
▶	Federal Employer Identification Number

Please correct your name and address if shown incorrectly above

1	Income classified as operating revenues	1	
2	Income from merchandising, jobbing, and contract work	2	
3	Income from non-utility operations	3	
4	Revenues from leases of physical property not devoted to utility operation	4	
5	Gross receipts from sale of residuals and other by-products obtained in connection with the production of gas or electricity	5	
6	Add Lines 1 through 5	6	
7	Refunds resulting from error or overcharge	7	
8	Gross earnings from sales for resale	8	
9	Net invoice price, plus transportation costs, of appliances sold	9	
10	Allocable portion of the product that is calculated by the Commissioner of Economic and Community Development under Conn. Gen. Stat. §16a-40b(f)	10	
11	Income from sales of natural gas or propane as motor vehicle fuel	11	
12	Gross earnings from sales of natural gas to a user or entity located outside of Connecticut	12	
13	Add Lines 7 through 12	13	
14	Subtract Line 13 from Line 6 (See Line Instructions)	14	
15	Apportionment fraction (Carry to six places only) (See Line Instructions)	15	0. DECIMAL NOTATION
16	Multiply Line 14 by Line 15 (See Line Instructions)	16	
17	Tax: Multiply Line 14 or Line 16 by 5% (.05) (See Line Instructions)	17	
18	Total Credits (From Schedule B, Line 10)	18	
19	Tax due (Subtract Line 18 from Line 17. If less than zero, enter zero)	19	
20	Penalty 10% (.10) of tax not paid when due, or \$50, whichever is greater	20	
21	Interest 1% (.01) per month or fraction of a month from due date	21	
22	Amount due (Add Lines 19, 20, and 21) Make check payable to: Commissioner of Revenue Services	22	

TAXPAYERS MUST SIGN THE DECLARATION ON BACK

Schedule A-1

Gross earnings from the sale, furnishing, or distribution of electricity or natural gas allocable to residential service

1	Operating revenues from residential service	1	
2	Refunds resulting from error or overcharge	2	
3	Gross earnings from residential services (Subtract Line 2 from Line 1)	3	
4	Multiply Line 3 by 1% (.01). Enter here and on Line 8 of Schedule B.	4	

Schedule A-2

Gross earnings from the sale, furnishing, or distribution of electricity or natural gas allocable to manufacturing companies

1	Operating revenues from sales to manufacturing companies	1	
2	Refunds resulting from error or overcharge	2	
3	Gross earnings from sale of electricity or natural gas to manufacturing companies (Subtract Line 2 from Line 1)	3	
4	Multiply Line 3 by 5% (.05). Enter here and on Line 9 of Schedule B.	4	

Schedule B Tax Credits

1	Clean Alternative Fuels Credit	1	
2	Computer Donation Credit	2	
3	Electronic Data Processing Equipment Property Tax Credit	3	
4	Employer Assisted Housing Credit	4	
5	Historic Home Credit	5	
6	Housing Program Contribution Credit	6	
7	Neighborhood Assistance Credit	7	
8	Enter amount from Schedule A-1, Line 4	8	
9	Enter amount from Schedule A-2, Line 4	9	
10	Add Lines 1 through 9. Enter here and on Line 18 on front of return.	10	

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. Declaration of a paid preparer other than the taxpayer is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Corporate Officer	Title	Date	Telephone Number ()
	Print Name of Corporate Officer			
	Paid Preparer's Signature		Date	Federal Employer ID Number
	Firm's Name and Address			Telephone Number ()