Department of Revenue Services Processing Section PO Box 2990 Hartford CT 06104-2990

(Rev. 12/12)

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### Form UCT 212

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

When to File: Form UCT 212 is due on or before the last day of April, July, October, and January for each calendar quarter even if no tax is due. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Complete the return in blue or black ink only.

	Name of Company			Connecticut Tax Registration Number
Taxpayer			<b>•</b>	
(Type	Address	Number and street	PO Box	For Calendar quarter ending
or				
Print)	City, town, or post office	State	ZIP code	Federal Employer ID Number (FEIN)
			•	
	☐ Amend	ded return	e of address	Date received (DRS use only)

Print) City, town, or post office State ZIP code

Amended return Change of address

To be completed by local gas distribution companies (LDCs) and municipal gas utilities only

1. Income classified as operating revenues by Department of Energy and Environmental Protection (DEEP) whether or not derived from Connecticut sources.

Income classified as income by DEEP from merchandising, jobbing, and contract work

2. Income from non-utility operations

4. Revenues from leases of physical property not devoted to utility operation

5. Gross receipts from sale of residuals and other by-products obtained in connection with the production of gas.

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7. Gross earnings from sales of natural gas to users or entities wherever located
To be completed by LDCs, municipal gas utilities, and gas suppliers only
8. Refunds resulting from error or overcharge

9.	Gross earning	s from sale	s for resal	e		
То	be completed	by LDCs	and mun	nicipal gas	utilities	only

To be completed by gas suppliers only

10.	Net invoice p	orice plus	transportation	costs of	appliances solo	i

11. Allocable portion of the product calculated by the Commissioner of Economic and Community
Development under Conn. Gen. Stat. §16a-40b(f)
40. December 1 for the control of th
12. Reserved for future use

6. Add Lines 1 through 5, enter the sum, and skip to Line 8.

## To be completed by LDCs, municipal gas utilities, and gas suppliers

13. Gross earnings from sales of natural gas to a user or entity located outside of Connecticut	13		00
14. Deductions: Add Lines 8 through 13.	14		00
15. Subtract Line 14 from Line 6 or Line 7. See instructions.	15		00
16. Compute apportionment fraction and carry to six decimal places. See instructions	16	0	

To. Compute apportionment fraction and carry to six decimal places. See instructions	10	0.
17. Multiply Line 15 by Line 16. See Line instructions.	17	
18. Tay: Multiply Line 15 or Line 17 by 5% ( 05). See instructions	10	

18. Tax: Multiply Line 15 or Line 17 by 5% (.05). See instructions	18	00
19. Credits from Schedule C, Line 3, on back	19	00
20. Credits from Form CT-1120K, Business Tax Credit Summary: Attach Form CT-1120K. See instructions ▶	20	00

21. Total credits. Add Line 19 and Line 20.	21	00
22. Tax due: Subtract Line 21 from Line 18. If zero or less, enter "0."	22	00
23. If late, enter negality. See instructions	23	00

23. If late, enter penalty. See instructions.

24. If late, enter interest. See instructions.

25. Amount due: Add Lines 22, 23, and 24.

#### Schedule A

Gross earnings from the sale, furnishing, or distribution of 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 Schedule C, Line 1.	4	

#### Schedule B

Gross earnings from the sale, furnishing, or distribution of 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 natural gas to manufacturing companies: Subtract Line 2 from Line 1. ▶	3	
4	Multiply Line 3 by 5% (.05). Enter here and on Schedule C, Line 2.	4	

#### Schedule C

Summary Schedule

1	Enter amount from Schedule A, Line 4.	1	
2	Enter amount from Schedule B, Line 4.	2	
3	Add Line 1 and Line 2. Enter here and on Line 19 on front of return.	3	00

**Mail to:** Department of Revenue Services Processing Section

PO Box 2990

Hartford CT 06104-2990

**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 the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

	Signature of corporate officer	Title	Date	Telephone number
Sign Here				
copy of this	Name of corporate officer (print)			
return for your records.	Paid preparer's signature		Date	SSN or PTIN
	Firm's name and address		FEIN	Telephone number