

UCT 212
MUNICIPAL UTILITIES, GAS MARKETERS
AND LOCAL GAS DISTRIBUTION COMPANIES
GROSS EARNINGS TAX RETURN

INSTRUCTIONS

1. A return is due on or before the last day of April, July, October, and January for each preceding calendar quarter, even if no tax is due.
2. Make check payable to: COMMISSIONER OF REVENUE SERVICES.
3. See line-by-line instructions enclosed.
4. Taxpayers must sign the declaration on back.

▶	Connecticut 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	Total gross earnings (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	Gross earnings from Energy Conservation Loan Programs	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	Total deductions (Add Lines 7 through 12)	13		
14	Gross earnings less deductions (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	Gross earnings subject to tax (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 the result is a negative number, enter -0-)	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 thereof from due date	21		
22	Amount due (Add Lines 19, 20, and 21)	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	Employer Assisted Housing Credit	2	
3	Neighborhood Assistance Credit	3	
4	Housing Program Contribution Credit	4	
5	Electronic Data Processing Equipment Property Tax Credit (See Instructions for Attachments)	5	
6	Historic Home Credit	6	
7	Computer Donation 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 false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of 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 ()