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

## Form UCT 212

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

### Instructions

(Rev. 09/08)

Complete the return in blue or black ink only.

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.

Connecticut Tax Registration Number

Taxpayer		<b>&gt;</b>			
(Type or	Address Number and Street PO Box	For Cal	endar	Quarter Ended	
Print)	City, Town, or Post Office State ZIP Code	Federal	Emp	loyer ID Number (FEIN)	
	☐ Amended Return ☐ Change of Address		eceive	ed (DRS Use Only)	
		<b>&gt;</b>			
To be con	pleted by local gas distribution companies (LDCs) and municipal gas utilities				
1. Incon	ne classified as operating revenues by DPUC whether or not derived from Connecticut source	s ►	1		00
2. Incon	ne classified as income by DPUC from merchandising, jobbing, and contract work	<b>&gt;</b>	2		00
3. Incon	ne from non-utility operations	<b>&gt;</b>	3		00
4. Reve	nues from leases of physical property not devoted to utility operation	<b>&gt;</b>	4		00
1	receipts from sale of residuals and other by-products obtained in connection with the ction of gas	<b>&gt;</b>	5		00
6. Add L	ines 1 through 5, enter the sum, and skip to Line 8	<b>&gt;</b>	6		00
To be co	mpleted by gas suppliers only.				
7. Gross	earnings from sales of natural gas to users or entities, wherever located	<b>&gt;</b>	7		00
To be co	mpleted by LDCs, municipal gas utilities, and gas suppliers only.				
8. Refur	ds resulting from error or overcharge	▶	8		00
9. Gross	earnings from sales for resale	<b>&gt;</b>	9		00
To be co	mpleted by LDCs and municipal gas utilities only.				
10. Net in	voice price plus transportation costs of appliances sold	▶	10		00
	able portion of the product that is calculated by the Commissioner of Economic and Communi opment under Conn. Gen. Stat. §16a-40b(f)		11		00
12. Rese	rved for future use		12		
To be co	mpleted 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. Dedu	ctions: Add Lines 8 through 13	<b>&gt;</b>	14		00
15. Subtr	act Line 14 from Line 6 or Line 7. See instructions.	<b>&gt;</b>	15		00
16. Comp	oute apportionment fraction and carry to six decimal places. See instructions	<b>&gt;</b>	16	0.	
17. Multip	ly Line 15 by Line 16. See Line instructions.	<b>&gt;</b>	17		00
18. Tax: I	Multiply Line 15 or Line 17 by 5% (.05). See instructions	<b>&gt;</b>	18		00
19. Credi	ts from Schedule C, Line 3, on back	▶	19		00
20. Credi	ts from Form CT-1120K, Business Tax Credit Summary: Attach Form CT-1120K. See instruct	ions►	20		00
21. Total	credits: Add Line 19 and Line 20.	<b>&gt;</b>	21		00
22. Tax d	ue: Subtract Line 21 from Line 18. If zero or less, enter "0."	<b>&gt;</b>	22		00
23. If late	, enter penalty. See instructions.	<b>&gt;</b>	23		00
24. If late	, enter interest. See instructions.	<b>&gt;</b>	24		00
25. Amou	nt due: Add Lines 22, 23, and 24.	<u> </u>	25		00

#### 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 <i>Schedule C</i> , 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 <i>Schedule C</i> , 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, or 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				( )
Keep a copy of this	Name of Corporate Officer (print)			
return for your records.	Paid Preparer's Signature		Date	FEIN
	Firm's Name and Address			Telephone Number