

CT-186-A

New York State Department of Taxation and Finance
Report of Gross Operating Income
 Article 9, Section 186-a, Tax Law

For taxable period **1985**
 beginning January 1, 1985
 and ending December 31, 1985

To be filed by persons, corporations, or others who are NOT subject to the supervision of the New York State Department of Public Service for taxable period January 1, 1985 to December 31, 1985

PLEASE READ INSTRUCTIONS ON FORM CT-186-A-I

Mail To: Processing Unit P.O. Box 1909 Albany, N.Y. 12201 on or before March 17, 1986		EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER	OFFICIAL USE ONLY	
		NAME		DATE RECEIVED	
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER MAKE CORRECTION ON LABEL.		NUMBER AND STREET		FOR AUDIT USE ONLY	
		CITY OR TOWN,	STATE		
NAME OF AGENT, IF ANY			BUSINESS GROUP CODE NUMBER FROM FEDERAL RETURN		
TYPE OF SERVICE OR COMMODITY YOU RESELL <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> STEAM <input type="checkbox"/> WATER <input type="checkbox"/> TELEPHONE <input type="checkbox"/> TELEGRAPH <input type="checkbox"/> REFRIGERATION					
NATURE OF BUSINESS		STATE OF INCORPORATION		DATE OF INCORPORATION	
TRADE NAME, IF ANY				DATE SALE OF UTILITY SERVICES BEGAN	
IF THIS IS YOUR FIRST REPORT, GIVE NAME AND ADDRESS OF PRIOR OWNER OR OPERATOR, IF ANY					
IF THIS IS YOUR FINAL REPORT, GIVE NAME AND ADDRESS OF NEW OWNER OR OPERATOR, IF ANY					
THE BOOKS OF THE TAXPAYER ARE IN THE CARE OF					
NAME:			ADDRESS:		

ENTER THE AMOUNT FROM LINE 12.
 MAKE CHECK PAYABLE TO NEW YORK STATE CORPORATION TAX

SCHEDULE A — COMPUTATION OF TAX

Complete all lines marked *. Use zeros where applicable.

		\$	PAYMENT
1. Gross operating income from Schedule B, line 14.....	1		
2. Gross operating income from Schedule C, line 22.....	2		
3. Gross operating income from Schedule D, line 24.....	3		
4. Total taxable gross operating income Add lines 1, 2 and 3.....	4		
5. Tax — Enter 3% of line 4.....	5		•
6. First installment of estimated tax for period following that covered by this report			
a. Enter line 3 amount from Form CT-5.9 if that application for extension WAS FILED.....	6a		•
b. Enter 25% of line 5 (above) if Form CT-5.9, application for extension WAS NOT FILED and line 5 is over \$1,000.....	6b		
7. Total - Add lines 5 and 6.....	7		
8. Prepayments.....	8		•
9. Balance - Subtract line 8 from line 7.....	9		
10. Interest.....	10		•
11. Additional charges			
a. Late filing and late payment penalties — compute on lesser of line 5 or line 9.....	11a		•
b. Underpayment of estimated tax penalties <input type="checkbox"/> Form CT-222 attached.....	11b		•
12. BALANCE DUE: Add lines 9, 10 and 11.....	12		•
13. OVERPAYMENT - Subtract line 7 from line 8			
a. CREDIT to CT-186-AM.....	13a		•
b. CREDIT to next period.....	13b		•
c. REFUND.....	13c		•

CERTIFICATION BY TAXPAYER OR AGENT

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of individual or name of firm preparing this report	Preparer's address

