CT-186-P

New York State Department of Taxation and Finance

Report of Gross 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 subject to supervision of the New York State Department of Public Services

OFFICIAL USE ONLY
DATE RECEIVED

Mail on or before March 17, 1986 to:
Processing Unit
P.O. Box 1909
Albany, NY 12201

EMPLOYER IDENTIFICATION NUMBER | FILE NUMBER

NAME

CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:
☐ ADDRESS ☐ EMPLOYER NUMBER
MAKE CORRECTION ON LABEL.

NUMBER AND STREET

CITY OR TOWN, STATE ZIP CODE

FOR AUDIT USE ONLY

Does this corporation have an interest in real property located in New York State? ☐ Yes• ☐ No•

Has the controlling interest in the corporation's stock changed during the period covered in this return? ☐ Yes• ☐ No•

If both questions were answered "Yes", attach a rider with complete details. *See instructions.*

NATURE OF BUSINESS

BUSINESS GROUP CODE NO. FROM FED. RETURN •

IF CORPORATION, GIVE DATE AND STATE OF INCORPORATION

DATE CAME UNDER SUPERVISION OF NEW YORK STATE DEPARTMENT OF PUBLIC SERVICE

IF THIS IS A FIRST REPORT, GIVE NAME AND ADDRESS OF PRIOR OWNER OR OPERATOR, IF ANY

IF THIS IS A FINAL REPORT, GIVE NAME AND ADDRESS OF PURCHASER, IF ANY

Complete all lines. Use zeros where applicable.

Pay amount shown at line 8. Make check payable to: New York State Corporation Tax $ •

SCHEDULE A — COMPUTATION OF TAX

1. Gross taxable income from Schedule B, line 36 . . . . . $_____ × 3%	1	$	•
2. 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 .	2a		•
b. Enter 25% of line 1 (above) if Form CT-5.9, application for extension WAS NOT FILED and line 1 is over $1,000	2b		
3. Total *Add lines 1 and 2*	3		
4. Prepayments	4		•
5. Balance *Subtract line 4 from line 3*	5		•
6. Interest	6		•
7. Additional charges	7		•
8. BALANCE DUE - *Add lines 5, 6 and 7* . . . . . PAY →	8		•
9. OVERPAYMENT - *Subtract line 3 from line 4*			
a. CREDIT to CT-186-PM →	9a		•
b. CREDIT to next period →	9b		•
c. REFUND →	9c		•

CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION

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

SIGNATURE DATE

OFFICIAL TITLE ADDRESS OF PERSON SIGNING THIS REPORT

SCHEDULE B — COMPUTATION OF GROSS INCOME

10.	Gas and electricity	10	$
11.	Steam	11	
12.	Water	12	
13.	Refrigeration	13	
14.	Telephone and telegraph (Attach Form CT-186-A-Attachment)	14	
15.	Railroads (street surface, rapid transit, subway and elevated)	15	
16.	Other sales or services, including sales of residuals and by-products	16	
17.	Commissions	17	
18.	Merchandise and jobbing, including installment and conditional sales and retail contracts	18	
19.	Advertising	19	
20.	Interest	20	
21.	Dividends	21	
22.	Royalties	22	
23.	Profit from sales of securities	23	
24.	Profit from sales of real and personal property	24	
25.	All other profits	25	
26.	All other receipts not included in lines 10 through 25	26	
27.	TOTAL GROSS INCOME FROM ALL SOURCES *(Add lines 10 through 26)*	27	$

DEDUCTION OF NON TAXABLE INCOME

28.	From sales for resale *(Schedule C)*	28	$
29.	Receipts and profits from sources outside New York State *(Schedule D)*	29	
30.	Interest from tax exempt securities *(Schedule D)*	30	
31.	Interest from sources outside New York State *(Schedule D)*	31	
32.	Interest and dividends from companies of which the taxpayer owns a majority of voting stock	32	
33.	Dividends from sources outside New York State *(Schedule D)*	33	
34.	Other permissible income deductions *(Schedule D)*	34	
35.	TOTAL DEDUCTIONS *(Add lines 28 through 34)*	35	$
36.	GROSS TAXABLE INCOME *(Subtract line 35 from line 27)*. Enter at line 1, Schedule A	36	$

SCHEDULE C — DETAIL OF SALES FOR RESALE, SCHEDULE B, LINE 28

Name of Purchaser	Quantity Sold	Quantity Resold	Amount
			$

SCHEDULE D — DETAIL OF SCHEDULE B, LINES 29, 30, 31, 33 and 34

Line	Name of Purchaser or Description (if applicable)	Place of Delivery (if applicable)	Amount
			$