

CT-186-A

1986

New York State Department of Taxation and Finance Report of Gross Operating Income

For taxable period
beginning January 1, 1986
and ending December 31, 1986

Article 9, Section 186-a, Tax Law

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, 1986 to December 31, 1986

Mail to:
Processing Unit
P.O. Box 1000
Albany, NY 12201
on or before
March 16, 1987

Official use only	
Date received	
Audit use only	

PLEASE READ INSTRUCTIONS ON FORM CT-186-A-1

ATTACH MAILING LABEL HERE If there have been any changes in your business name, ID number, mailing or business address, telephone number or owner/officer information, please complete the enclosed Form DTF-95. If no form is enclosed, call 1-800-462-8100 (from out of state, (518) 438-1073).	Employer identification number	File number	
	Name		
	Number and street		
	City or town,	State	ZIP Code
	Name of agent, if any	Business group code number from federal return	

Type of service or commodity you resell

Gas Electricity Steam Water Telephone Telegraph 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

\$	Payment
----	---------

Schedule A — Computation of tax		Complete all lines marked • Use zeros where applicable.	
1.	Gross operating income from Schedule B, line 17	1	
2.	Gross operating income from Schedule C, line 25	2	
3.	Gross operating income from Schedule D, line 33	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 — compute on line 5 or line 9 amount, whichever is less	10	•
11.	Additional charges		
a.	Late filing and late payment penalties — compute on line 5 or line 9 amount, whichever is less	11a	•
b.	Underpayment of estimated tax penalties <input type="checkbox"/> • Form CT-222 attached	11b	•
12.	BALANCE DUE — add lines 9, 10, 11a and 11b. PAY →	12	•
13.	a. Overpayment — subtract line 7 from line 8	13a	
	b. Credit to next period →	13b	•
	c. Balance of overpayment — subtract line 13b from line 13a →	13c	•
	d. Credit to CT-186-AM →	13d	•
	e. Refund — subtract line 13d from line 13c →	13e	•

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

