

CT-186-A

For calendar year **1987**

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

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, 1987 to December 31, 1987.

Mail to:
 New York State Tax Department
 Processing Unit
 P. O. Box 1909
 Albany, NY 12201 - 1909
 on or before March 15, 1988.

For office use only

Date received

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, enter name of prior owner or operator, if any	Address of prior owner or operator	
If this is your final report, enter name of new owner, if any	Address of new owner	

The books of the taxpayer are in the care of

Name: _____ Address: _____

A. Payment — pay amount shown on line 12. Make check payable to: New York State Corporation Tax	Payment enclosed \$
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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 21)	2	•
3	Gross operating income (from Schedule D, line 30)	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 6a or 6b)	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 - enter payment on line A)	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-A/M	13d	█
	e. Refund (subtract line 13d from line 13c)	13e	█

Certification by Taxpayer or Agent

I hereby certify that this report, and any attachments, are to the best of my knowledge and belief true, correct and complete.

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

