



CT-186-A Tax Return for Gross Operating Income

Article 9, Section 186-a, Tax Law

If name, employer identification number, address or owner/officer information has changed, file Form DTF-95 (see instructions) **For calendar year 1988**

Employer identification number	File number	Business group code number federal return	For office use only
Name	Name of agent, if any		
Trade name	Nature of business		Date received
Number and street	State or country of incorporation/date		
City or town, state and ZIP code	Date sale of utility services began		

Type of service or commodity you resell
 Gas Electricity Steam Water Telephone Telegraph Refrigeration

If this is your first return, enter name of prior owner or operator, if any: _____ Address of prior owner/operator: _____

If this is your final return, enter name of new owner, if any: _____ Address of new owner: _____

The books of the taxpayer are in the care of
 Name: _____ Address: _____

Metropolitan Transportation Business Tax Surcharge

Do you do business in the Metropolitan Commuter Transportation District? Yes No

If yes, you must file Form CT-186-A/M. If no, you no longer need to file Form CT-186-A/M (see instructions).

A. Payment — pay amount shown on line 13. Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of tax

1	Gross operating income (from Schedule A, line 23)	1	•
2	Gross operating income (from Schedule B, line 28)	2	•
3	Gross operating income (from Schedule C, line 52)	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 return		
a.	If application for extension was filed, enter amount from Form CT-5.9, line 3	6a	■
b.	If Form CT-5.9 was not filed and line 5 is over \$1,000, enter 25% of line 5	6b	■
7	Total (add lines 5 and 6a or 6b)	7	■
8	Prepayments	8	■
9	Balance (if line 8 is smaller than line 7, subtract line 8 from line 7)	9	■
10	Interest on late payments (compute on line 5 or line 9 amount, whichever is less)	10	■
11	Late filing and late payment penalties (compute on line 5 or line 9 amount, whichever is less)	11	■
12	Underpayment of estimated tax penalties <input type="checkbox"/> Form CT-222 attached	12	■
13	Balance due (add lines 9, 10, 11 and 12 - enter payment on line A)	13	■
14	Overpayment (if line 7 is smaller than line 8, subtract line 7 from line 8)	14	■
15	Amount of overpayment to credited to next period	15	■
16	Balance of overpayment (subtract line 15 from line 14)	16	■
17	Amount of overpayment to be credited to CT-186-A/M	17	■
18	Amount of overpayment to be refunded (subtract line 17 from line 16)	18	■

Certification by Taxpayer, Agent or Elected Officer. I certify that this return, and any attachments, are to the best of my knowledge and belief true, correct and complete.

Date	Signature of taxpayer, agent or elected officer	Official Title
Date	Signature of individual or name of firm preparing this return	Preparer's address

