



CT-186-P Tax Return for Gross 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	Nature of business		
Trade name	State or country of incorporation / date		
Number and street	Date came under the supervision of New York State Department of Public Services		
City or town, state and ZIP code			

Does this taxpayer have an interest in real property located in New York State? Yes No Audit

Has the controlling interest in the taxpayer's stock changed during the period covered by the return? Yes No
 If you answered "Yes" to both questions, attach a statement with complete details (see instructions).

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

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

A. Payment — pay amount shown on line 11. Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of tax			
1	Gross income (from line 39) x 3%	1	
2	EDZ rate reduction credit (from line 65, Schedule C)	2	
3	Net tax (subtract line 2 from line 1)	3	
4	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	4a	
	b. If Form CT-5.9 was not filed and line 3 is over \$1,000, enter 25% of line 3	4b	
5	Total (add lines 3 and 4a or 4b)	5	
6	Prepayments	6	
7	Balance (subtract line 6 from line 5)	7	
8	Interest on late payment	8	
9	Late filing and late payment penalties (compute on line 3 or line 7, whichever is less)	9	
10	Penalties for underpayment of estimated tax <input type="checkbox"/> Form CT-222 attached. If no penalty is due, enter "0"	10	
11	Balance due (add lines 7 through 10 - enter payment on line A)	11	
12	Overpayment (if line 5 is smaller than line 6, subtract line 5 from line 6)	12	
13	Amount of overpayment to be credited to next period	13	
14	Balance of overpayment (subtract line 13 from line 12)	14	
15	Amount to be credited to CT-186-P/M	15	
16	Refund (subtract line 15 from line 14)	16	

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

