



CT-186-A Utility Services Tax Return — Gross Operating Income

Tax Law — Article 9, Section 186-a

For calendar year 1993

Employer identification number		File number		You must report changes to your name, EIN, address or owner/officer information on Form DTF-95. Also, if address on return is new, check box. <input type="checkbox"/>	For office use only		
Name							
PLACE LABEL HERE							
Number and street		City or town		State		ZIP code	
Trade name			Business telephone number ()		Business activity code number (from federal return)		
Nature of business			State or country of incorporation		date		
Name of agent, if any			Date sale of utility services began				
Date received							
Audit use							

Type of service or commodity you resell (check all that apply)

- Gas
 Electricity
 Steam
 Water
 Telephone
 Telegraph
 Refrigeration

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

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

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

Do you do business in the Metropolitan Commuter Transportation District (MCTD)? (see instructions) Yes No If you answer Yes, you must file Form CT-186-A/M.

A. Payment - pay amount shown on line 15 — Make check payable to: New York State Corporation Tax	Payment enclosed
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Computation of Tax

1 Gross operating income (amount from line 25)	1	•	
2 Gross operating income (amount from line 30)	2	•	
3 Gross operating income (amount from line 34)	3	•	
4 Total taxable gross operating income (add lines 1, 2 and 3)	4	•	
5 Tax (multiply line 4 by 3½% (.035))	5		
6 State tax surcharge (multiply line 5 by 15% (.15))	6		
7 Total tax and state tax surcharge (add lines 5 and 6)	7		
8a First installment of tax (If application for extension was filed, enter amount from Form CT-5.9, line 5)	8a		
8b estimated tax for 1994: (If Form CT-5.9 was not filed and line 7 is over \$1,000, enter 25% of line 7)	8b		
9 Total (add lines 7 and 8a or 8b)	9		
10 Total prepayments	10		
11 Balance (if line 10 is less than line 9, subtract line 10 from line 9)	11		
12 Interest on late payment (see instructions)	12		
13 Late filing and late payment penalties (see instructions)	13		
14 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")	14		
15 Balance due (add lines 11 through 14 - enter payment on line A above)	15		
16 Overpayment (If line 9 is less than line 10, subtract line 9 from line 10)	16		
17 Amount of overpayment to be credited to next period	17		
18 Balance of overpayment (subtract line 17 from line 16)	18		
19 Amount of overpayment to be credited to Form CT-186-A/M	19		
20 Amount of overpayment to be refunded (subtract line 19 from line 18)	20		

Schedule A — Computation of Gross Operating Income (other than telephone and telegraph)

A. Type of Commodity	B. Utility Purchased From	C. Quantity Purchased	D. Purchase Price	E. Quantity Consumed Which Was Not Sold	F. Quantity Sold	G. Receipts from Quantity Sold

Amounts from attached list

21 Total receipts from the sale or furnishing of each commodity (add column G amounts)	21	•	
22 Other receipts from services rendered which are directly connected with the sale or furnishing of each commodity listed above	22	•	
23 Total (add lines 21 and 22)	23		
24 Allowable deductions (attach list)	24	•	

Schedule B — Computation of Gross Operating Income from Supplemental Telephone Services		Total for calendar year
26 Receipts from the sale or furnishing of telephone facilities and services	26 •	
27 Receipts from services rendered	27 •	
28 Total (add lines 26 and 27)	28	
29 Allowable deductions (attach list)	29 •	
30 Gross operating income (subtract line 29 from line 28; enter here and on line 2)	30	

Schedule C — Computation and Allocation of Gross Operating Income from Telephone and Telegraph Companies and Transmission Companies

Part I — Computation and Allocation of Gross Operating Income

Type of Gross Operating Income	A Amount of Gross Operating Income	R Gross Operating Income Deductions from:		C Gross Operating Income After Deductions (column A - column B)	D Allocation %	E Allocated Gross Operating Income (column C x column D)
		Part II	Part III			
31 Intrastate gross operating income					100%	
32 Interstate gross operating income						
33 Foreign gross operating income						
34 Total intrastate, allocated interstate and foreign gross operating income (enter here and on line 3)					34	

Part II — Interexchange Telephone Company Deduction for Carrier Access Service

A Name of Exchange telephone Company	B Cost of Carrier Access Services	C Cost in Column B Attributable to:		
		Intrastate Gross Operating Income	Interstate Gross Operating Income	Foreign Gross Operating Income
Amounts from attached list				
35 Enter total on line 31, column B, Part II	35 •			
36 Enter total on line 32, column B, Part II		36 •		
37 Enter total on line 33, column B, Part II			37 •	

Part III — Other Deductions from Gross Operating Income

A Description of Deduction	B Amount of Deduction	C Amount in Column B Attributable to:		
		Intrastate Gross Operating Income	Interstate Gross Operating Income	Foreign Gross Operating Income
Amounts from attached list				
38 Enter total on line 31, column B, Part III	38 •			
39 Enter total on line 32, column B, Part III		39 •		
40 Enter total on line 33, column B, Part III			40 •	

Part IV — Computation of Property Factor (include only property used in connection with interstate and/or foreign transmission services)

	Column 1 New York State		Column 2 Everywhere	
	41 Average value of real property owned	41		
42 Average value of rented real property (multiply the annual rent by eight)	42			
43 Average value of tangible personal property owned	43			
44 Average value of tangible personal property rented (multiply the annual rent by eight)	44			
45 Average value of intangible assets	45			
46 Average value of extraterrestrial property	46			
47 Total (add lines 41 through 46)	47 •		•	
48 Property factor (divide line 47, Column 1, by line 47, Column 2; enter percentage on lines 32 and 33, column D)	48 •			%

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

Date	Signature of elected officer or authorized person	Official title
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return
Paid preparer's ID number	Paid preparer's address	