



CT-186-P

New York State Department of Taxation and Finance

Utility Services Tax Return — Gross Income

Tax Law — Article 9, Section 186-a

For calendar year 1995

Employer identification number		File number	If address on return is new, check box (see instructions). <input type="checkbox"/>	For office use only	
Mailing Name and Address	Taxpayer's business name		If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside New York State, call (518) 438-1073.	Date received	
	Business name at location below (if different from business name above)			PLACE LABEL HERE	Audit use
	C/O				
	Street or PO Box				
City		State	ZIP code		
<input type="checkbox"/> Check box if refund claimed on line 16	Trade name	Business telephone number ()	Business activity code number (from federal return)		
Nature of business		State or country of incorporation	Date of inc.		
Date came under the supervision of New York State Department of Public Service					

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

Has the controlling interest in the taxpayers 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 (MTA Surcharge)

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

A. Payment — pay amount shown on line 11. Make check payable to New York State Corporation Tax	Payment enclosed
◆ Attach your payment here.	

Computation of Tax

1 Gross income (amount from line 37)	multiply by 3.5% (.035)	1	
2 State tax surcharge (multiply line 1 by 7½% (.075); see instructions)		2	
3 Tax and state tax surcharge (add lines 1 and 2)		3	
First installment of estimated tax for 1996:			
4a If a request for extension was filed, enter amount from Form CT-5.9, line 4		4a	
4b If Form CT-5.9 was not filed and line 3 is over \$1,000, enter 25% (.25) of line 3		4b	
5 Total (add lines 3 and 4a or 4b)		5	
6 Total prepayments (from line 43)		6	
7 Balance (if line 6 is less than line 5, subtract line 6 from line 5)		7	
8 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> if none, enter "0")		8	
9 Interest on late payment (see instructions)		9	
10 Late filing and late payment penalties (see instructions)		10	
11 Balance due (add lines 7 through 10; enter payment on line A above)		11	
12 Overpayment (if line 5 is less 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 Form CT-186-P/M		15	
16 Refund (subtract line 15 from line 14; check refund box above)		16	

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)		ID number
	Address		Signature of individual preparing this return

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909

