

CT-186-A

New York State Department of Taxation and Finance
Report of Gross Operating Income
 Article 9, Section 186-a, Tax Law

For taxable period **1985**
 beginning January 1, 1985
 and ending December 31, 1985

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, 1985 to December 31, 1985

PLEASE READ INSTRUCTIONS ON FORM CT-186-A-I

Mail To: Processing Unit P.O. Box 1909 Albany, N.Y. 12201 on or before March 17, 1986		EMPLOYER IDENTIFICATION NUMBER	FILE NUMBER	OFFICIAL USE ONLY	
		NAME		DATE RECEIVED	
CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT: <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMPLOYER NUMBER MAKE CORRECTION ON LABEL.	NUMBER AND STREET		FOR AUDIT USE ONLY		
	CITY OR TOWN,	STATE			
NAME OF AGENT, IF ANY			BUSINESS GROUP CODE NUMBER FROM FEDERAL RETURN		
TYPE OF SERVICE OR COMMODITY YOU RESELL <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> STEAM <input type="checkbox"/> WATER <input type="checkbox"/> TELEPHONE <input type="checkbox"/> TELEGRAPH <input type="checkbox"/> 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, GIVE NAME AND ADDRESS OF PRIOR OWNER OR OPERATOR, IF ANY					
IF THIS IS YOUR FINAL REPORT, GIVE NAME AND ADDRESS OF NEW OWNER OR OPERATOR, IF ANY					
THE BOOKS OF THE TAXPAYER ARE IN THE CARE OF					
NAME:		ADDRESS:			

ENTER THE AMOUNT FROM LINE 12. MAKE CHECK PAYABLE TO NEW YORK STATE CORPORATION TAX		\$	PAYMENT
SCHEDULE A — COMPUTATION OF TAX			
		Complete all lines marked •. Use zeros where applicable.	
1.	Gross operating income from Schedule B, line 14.....	1	
2.	Gross operating income from Schedule C, line 22.....	2	
3.	Gross operating income from Schedule D, line 24.....	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 6.....	7	
8.	Prepayments.....	8	•
9.	Balance - Subtract line 8 from line 7.....	9	
10.	Interest.....	10	•
11.	Additional charges		
	a. Late filing and late payment penalties — compute on lesser of line 5 or line 9.....	11a	•
	b. Underpayment of estimated tax penalties <input type="checkbox"/> Form CT-222 attached.....	11b	•
12.	BALANCE DUE: Add lines 9, 10 and 11.....	12	•
13.	OVERPAYMENT - Subtract line 7 from line 8		
	a. CREDIT to CT-186-AM.....	13a	•
	b. CREDIT to next period.....	13b	•
	c. REFUND.....	13c	•

CERTIFICATION BY TAXPAYER OR AGENT

I hereby certify that this report, including any accompanying rider, is to the best of my knowledge and belief true, correct and complete.

Date	Signature of officer	Official title
Date	Signature of individual or name of firm preparing this report	Preparer's address

SCHEDULE B - DETAIL OF LINE 1, SCHEDULE A

PURCHASED FROM	LEDGER AND FOLIO SHOWN ON UTILITY'S BILL	PURCHASES Enter all purchases some part of which were resold in each SEPARATE month during the period for which this report is made.		KIND OF SERVICE OR COMMODITY	QUANTITY RECEIVED	METER READ TO		QUANTITY RESOLD	RESALES Enter sales made in each SEPARATE month during the period for which this report is made.	METER READ TO	
		ADDRESS WHERE RECEIVED				MO.	DAY			MO.	DAY
14. Gross operating income: Enter on line 1, Schedule A										14	\$

SCHEDULE C - DETAIL OF LINE 2, SCHEDULE A

ITEM	TOTAL FOR PERIOD REPORTED
15. Number of local calls purchased	15
16. Number of local calls sold	16
17. Receipts from sale of local calls	17
18. Cost of local calls sold (line 16) $\times 6\frac{1}{2}\%$	18
19. Taxable receipts from local calls: Subtract line 18 from line 17	19
20. Receipts from service charges on toll calls	20
21. Net receipts from the sale of other telephone and telegraph services	21
22. Gross operating income: Add lines 19, 20 and 21. Enter on line 2, Schedule A	22 \$

SCHEDULE D - DETAIL OF LINE 3, SCHEDULE A

23. Total - Gross operating revenue	23	\$
24. Allocated gross operating revenue from CT-186-A Attachment. Enter on line 3, Schedule A	24	\$