

<u>}</u> 19	CT-186- <u>/</u>	1 Utility	y Servi	nt of Taxation and Ces Tax 9, Section 18	Ret	urn — Gr	oss		ting Income r calendar year 199
Employ	yer identification number			File number		If address on renew, check box (see instructions).		For office use of	only
Mailing Name and Address	Taxpayer's business name  Business name at location below (if diffe  C/O  Street or PO Box  City	LACE LABEL	HERE	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 the U.S. and Canada, call					
Trade	name		Business telep	ohone number	Busi (fror	(518) 485-6800. iness activity code numb m federal return)		Audit use	
Natur	e of business		State or count	try of incorporation	on	Date of incorp	oration		
Name	e of agent, if any				Date sale	of utility services be	egan		
• 🗌 If this	of service or commodity you reso Gas • Electricity is your first return, enter name of particular to the service of the servic	• Stea	m •	Water Address of p	orior owner				
•	ooks of the taxpayer are in the car			•					
Trar <b>Note</b> :	u do business in the Metropolitansportation District (MCTD)? (see: See Who May Not File Forwayment — pay amount show	e instructions) <b>rm CT-186-A</b> o	n the back.						t file Form CT-186-A/M.
	Attach your payment here.  1 Gross operating income			Dayable to. No		nultiply by 3.5% (.		. 1	
	2 State tax surcharge (mg 3 Total tax and state tax in First installment of estimat tax for the next period: 5 Total (add lines 3 and 4a) 6 Total prepayments (amount of incompayment) 7 Balance (if line 6 is less in incompayment) 8 Penalty for underpayment 9 Interest on late payment 10 Late filing and late payment 11 Balance due (add lines in incompayment) 12 Overpayment (if line 5 is incompayment) 13 Amount of overpayment 14 Balance of overpayment 15 Amount of overpayment 16 Amount of overpayment 17 Amount of overpayment 18 Amount of overpayment 19 Amount of overpayment 19 Amount of overpayment 10 Amount of overpayment 11 Balance of overpayment 12 Amount of overpayment 13 Amount of overpayment 14 Balance of overpayment 15 Amount of overpayment 16 Amount of overpayment 17 Amount of overpayment 18 Butility 18 Purchased From	surcharge (add ed 4a If a re 4b If Form or 4b)	/2% (.025); set lines 1 and 2, equest for extern CT-5.9 was	ension was filed, not filed and line on line 5)	enter amo e 3 is over 2 is attach	ount from Form CT- \$1,000, enter 25%	5.9, line 4 of line 3.	2 4a 4b 5 5 6 6 6 7 8 8 8 9 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	G. Receipts from Quantity Sold
	. drondood 1101	. Gronde					2310	-	
Amour	nts from attached list								
	17 Total receipts from the 18 Other receipts from services ren 19 Total (add lines 17 and 18 20 Allowable deductions (a	dered which are directs)	ctly connected w	ith the sale or furr	ishing of ea	ch commodity listed a	bove	. 18 • . 19	

Com	position of Prepayments Claimed on line 6						
				Date Paid		Amount	
22	Mandatory first installment	22					
	CT-400 installments						
			(2)				
			(3)				
24	Payment with extension request, Form CT-5.9, line 7	24					
25	Credit from prior years				25		
26	Credit from Form CT-186-A/M				26		
27	Total (add lines 22 through 26; enter here and on line 6)				27		

Who May Not File Form CT-186-A — Effective for tax years beginning on or after January 1, 1995, if you have any receipts from telecommunication services, even if it is not your primary business, do not file this form. You must file Form CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*, to report tax under section 186-e of the Tax Law, as well as the tax under section 186-a of the Tax Law, if any.

For more detailed information, see Form CT-186-E-I, Instructions for Form CT-186-E.

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			
			T				
a a	Firm's name (or yours if self-employed)		ID number	Date			
repar							
d Pi	Address		Signature of individual	preparing this return			
Pai							

Mail your return, by March 17, 1997, to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909.