

CT-186-P

New York State Department of Taxation and Finance

Report of Gross 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 subject to supervision of the New York State Department of Public Services

OFFICIAL USE ONLY

DATE RECEIVED

Mail on or before
March 17, 1986 to:
Processing Unit
P.O. Box 1909
Albany, NY 12201

EMPLOYER IDENTIFICATION NUMBER FILE NUMBER

NAME

NUMBER AND STREET

FOR AUDIT USE ONLY

CHECK IF CHANGED SINCE LAST REPORT OR IF LABEL IS INCORRECT:

CITY OR TOWN, STATE ZIP CODE

ADDRESS EMPLOYER NUMBER
MAKE CORRECTION ON LABEL.

Does this corporation have an interest in real property located in New York State? Yes • No •
Has the controlling interest in the corporation's stock changed during the period covered in this return? Yes • No •
If both questions were answered "Yes", attach a rider with complete details. See instructions.

NATURE OF BUSINESS

BUSINESS GROUP CODE NO. FROM FED. RETURN

IF CORPORATION, GIVE DATE AND STATE OF INCORPORATION

DATE CAME UNDER SUPERVISION OF NEW YORK STATE
DEPARTMENT OF PUBLIC SERVICE

IF THIS IS A FIRST REPORT, GIVE NAME AND ADDRESS OF PRIOR OWNER OR OPERATOR, IF ANY

IF THIS IS A FINAL REPORT, GIVE NAME AND ADDRESS OF PURCHASER, IF ANY

Complete all lines. Use zeros where applicable.

Pay amount shown at line 8. Make check payable to: New York State Corporation Tax \$

SCHEDULE A — COMPUTATION OF TAX

1. Gross taxable income from Schedule B, line 36. \$ × 3%	1	\$		•
2. 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.	2a			•
b. Enter 25% of line 1 (above) if Form CT-5.9, application for extension WAS NOT FILED and line 1 is over \$1,000.	2b			•
3. Total <i>Add lines 1 and 2.</i>	3			•
4. Prepayments	4			•
5. Balance <i>Subtract line 4 from line 3.</i>	5			•
6. Interest	6			•
7. Additional charges	7			•
8. BALANCE DUE - <i>Add lines 5, 6 and 7.</i> PAY →	8			•
9. OVERPAYMENT - <i>Subtract line 3 from line 4</i>				
a. CREDIT to CT-186-PM	9a			•
b. CREDIT to next period	9b			•
c. REFUND	9c			•

CERTIFICATION BY AN ELECTED OFFICER OF THE CORPORATION

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

SIGNATURE

DATE

OFFICIAL TITLE

ADDRESS OF PERSON SIGNING THIS REPORT

