



Tax Return for Gross Operating Income
Tax Law — Article 9, Section 186-a

For calendar year 1989

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					Date received
PLACE LABEL HERE					
Number and street		City or town	State	ZIP code	Audit use
Trade name		Business telephone number		Business group 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			

Type of service or commodity you resell

Gas
 Electricity
 Steam
 Water
 Telephone
 Telegraph
 Refrigeration

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

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

The books of the taxpayer are in the care of _____

Name: _____ Address: _____

Metropolitan Transportation Business Tax Surcharge

Do you do business in the Metropolitan Commuter Transportation District? Yes No If yes, you must file Form CT-186-A/M.

A. Payment - pay amount shown on line 13 — 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 23)	1	•	
2 Gross operating income (amount from line 29)	2	•	
3 Gross operating income (amount from line 52)	3	•	
4 Total taxable gross operating income (add lines 1, 2 and 3)	4	•	
5 Tax (enter 3% of line 4)	5	■	
First installment (see instructions)			
6a If application for extension was filed, enter amount from Form CT-5.9, line 3	6a		
6b If Form CT-5.9 was not filed and line 5 is over \$1,000, enter 25% of line 5	6b		
7 Total (add lines 5 and 6a or 6b)	7		
8 Prepayments	8	■	
9 Balance (if line 8 is smaller than line 7, subtract line 8 from line 7)	9		
10 Interest on late payments (compute on line 5 or line 9 amount, whichever is less)	10	■	
11 Late filing and late payment penalties (compute on line 5 or line 9 amount, whichever is less)	11	■	
12 Underpayment of estimated tax penalties <input type="checkbox"/> Form CT-222 attached	12	■	
13 Balance due (add lines 9, 10, 11 and 12 - enter payment on line A)	13	■	
14 Overpayment (if line 7 is smaller than line 8, subtract line 7 from line 8)	14		
15 Amount of overpayment to be credited to next period	15	■	
16 Balance of overpayment (subtract line 15 from line 14)	16	■	
17 Amount of overpayment to be credited to CT-186-A/M	17		
18 Amount of overpayment to be refunded (subtract line 17 from line 16)	18	■	

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 taxpayer, agent or elected officer	Official Title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Mail your return to: NYS Corporation Tax, Processing Unit, P.O. Box 1909, Albany, NY 12201-1909

