CT-185

New York State Department of Taxation and Finance

Cooperative Agricultural Corporation Franchise Tax Return

Tax Law — Article 9, Section 185

For calendar year 1995

Employer identification number	File number	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.	*For office use only*
Mailing Name and Address Taxpayer's business name			*Date received*
Business name at location below *(if different from business name above)*		PLACE LABEL HERE	
c/o			
Street or P O Box			*Audit use*
City State ZIP code			
Trade name	Business telephone number ( )	Business activity code number (from federal return)	
☐ Check box if refund claimed	Principal business activity	State or country of incorporation / Date of inc. /	Foreign corporations: date began business in NYS

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 you answered *Yes* to both questions, attach a statement with complete details *(see instructions, Form CT-185-I)*.

A. Payment — pay amount shown on line 13. Make check payable to: ***New York State Corporation Tax***
Attach your payment here. Payment enclosed

Computation of Tax

1	Value of issued capital stock *(see instructions)*	1		
2	New York base *(multiply line 1 by _____%, from line 41)*	2		
3	Tax on allocated issued capital stock at one mill *(multiply line 2 by .001)*		3	
4	Tax (based on dividend rate) from line 56		4	
5	Minimum tax		5	10 00
6	Tax due *(amount from line 3, 4, or 5, whichever is largest)*		6	
7	Special additional mortgage recording tax credit *(attach Form CT-43)*		7	
8	Total tax *(subtract line 7 from line 6)*		8	
9	Prior payments		9	
10	Balance *(if line 9 is less than line 8, subtract line 9 from line 8)*		10	
11	Interest on late payment *(see instructions)*		11	
12	Late filing and late payment penalties *(see instructions)*		12	
13	Balance due *(add lines 10, 11 and 12; enter payment here and on line A above)*		13	
14	Overpayment *(if line 8 is less than line 9, subtract line 8 from line 9)*		14	
15	Amount of overpayment to be credited to next period		15	
16	Amount of overpayment to be refunded *(subtract line 15 from line 14 - check refund box above)*		16	

Schedule A — Assets and Liabilities

			A Beginning of Year	B End of Year
17	Total assets	17		
18	Total liabilities	18		
19	Capital stock: (a) preferred stock	19a		
	(b) common stock	19b		
20	Paid-in or capital surplus	20		
21	Retained earnings (appropriated)	21		
22	Add lines 18 through 21	22		
23	Cost of treasury stock	23		
24	Total liabilities and capital *(subtract line 23 from line 22)*	24		

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	Date
Address	Signature of individual preparing this return	

File Form CT-185 on or before March 15, 1996. Mail this form to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY, NY 12201-1909

Attach a copy of your federal return.

Schedule B — Reconciliation of Retained Earnings

25	Balance at beginning of year	25	
26	Net income *(attach profit and loss statement)*	26	
27	Other additions *(explain)* _____	27	
28	Total *(add lines 25, 26 and 27)*		28
29	Dividends	29	
30	Other deductions *(explain)* _____	30	
31	Total dividends and other deductions *(add lines 29 and 30)*		31
32	Balance at end of year *(subtract line 31 from line 28)*		32

Schedule C — Capital Stock

A Class	B Shares Issued	C Par Value	D Amount Paid In on Each Share	Selling Price of Stock During Year High	Low	Average
Common						
Preferred						
No par value						

Schedule D — Dividends Paid During Year

A Class of Stock	B Stock on Which Dividends Were Paid	C Dividends Paid	D Dividend Rate C ÷ B	E If column D is 6% or more, multiply D by ¼ mill (.00025)
Common			%	mills: enter on line 44, Schedule F
Preferred			%	mills: enter on line 47, Schedule F
No par value			%	mills: enter on line 50, Schedule F

Schedule E — Allocation Percentage/Issuer's Allocation Percentage *(see instructions)*

Average value for the year of:			A New York State	B Everywhere
33	Cash and bank balance	33		
34	Bills and accounts receivable	34		
35	Shares of stock of other companies owned *(attach list showing corporate name, shares held and actual value)*	35		
36	Bonds, loans and other securities held, used or employed	36		
37	All other assets	37		
38	Leaseholds	38		
39	Real estate owned	39		
40	Total *(add lines 33 through 39)*	40	•	•
41	Allocation percentage/issuer's allocation percentage *(divide line 40, column A by column B; use this amount to compute line 2 - see instructions)*	41	%	

Schedule F — Tax computation *(if divided rate, Schedule D, is 6% or more)*

42	Par value common stock	42	
43	Taxable base *(multiply line 42 by _____%, from line 41)*	43	
44	Tax *(multiply line 43 by _____mills, from Schedule D, column E)*		44
45	Par value preferred stock	45	
46	Taxable base *(multiply line 45 by _____%, from line 41)*	46	
47	Tax *(multiply line 46 by _____mills, from Schedule D, column E)*		47
48	Amount paid in on no par value stock	48	
49	Taxable base *(multiply line 48 by _____%, from line 41)*	49	
50	Tax *(multiply line 49 by _____mills, from Schedule D, column E)*		50
51	Value of capital stock *(see instructions for line 1)*	51	
52	Value of stock used in computing line 51 on which dividends of 6% or more were paid	52	
53	Taxable stock *(subtract line 52 from line 51)*	53	
54	Taxable base *(multiply line 53 by _____%, from line 41)*	54	
55	Tax on one mill *(multiply line 54 by .001)*		55
56	Tax on allocated issued capital stock using dividend rates *(add lines 44, 47, 50 and 55; enter here and on line 4)*		56