



CT-186-P

Tax Return for Gross Income

Tax Law - Article 9, Section 186-a

For calendar year 1990

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 Date received
Name					
Number and street		City or town	State		
Trade name		Business telephone number		Business group code number (from federal return)	
Nature of business		State or country of incorporation		date	
Date came under the supervision of New York State Department of Public Services					

Does this taxpayer have an **interest in real property** located in New York State? Yes No

Has the controlling interest in the taxpayer's stock changed during the period covered by the return? Yes No

If you answered **Yes** to both questions, attach a statement with complete details (*see instructions*).

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

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-P/M.

A. Payment - pay amount shown on line 15 — Make check payable to: <i>New York State Corporation Tax</i>		Payment enclosed
1 Gross income (amount from line 43) multiply by 3% (.03) 2 EDZ rate reduction credit (amount from line 64) 3 Subtract line 2 from line 1 4 13-A utility tax credit (electric corporations only; attach computation of credit) 5 Net tax (subtract line 4 from line 3) 6 Tax surcharge (multiply line 5 by 15% (.15)) 7 Total tax and tax surcharge (add lines 5 and 6) First installment (see instructions) 8a If application for extension was filed , enter amount from Form CT-5.9, line 3 8b If Form CT-5.9 was not filed and line 7 is over \$1,000, enter 25% (.25) of line 7 9 Total (add lines 7 and 8a or 8b) 10 Prepayments 11 Balance (subtract line 10 from line 9) 12 Interest on late payment (compute on line 7 or line 11, whichever is less) 13 Late filing and late payment penalties (compute on line 7 or line 11, whichever is less) 14 Penalties for underpayment of estimated tax <input type="checkbox"/> Form CT-222 attached. If no penalty is due, enter '0' 15 Balance due (add lines 11 through 14; enter payment on line A) 16 Overpayment (If line 9 is less than line 10, subtract line 9 from line 10) 17 Amount of overpayment to be credited to next period 18 Balance of overpayment (subtract line 17 from line 16) 19 Amount to be credited to Form CT-186-P/M 20 Refund (subtract line 19 from line 18)	1 2 3 4 5 6 7 8a 8b 9 10 11 12 13 14 15 16 17 18 19 20	

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

Schedule B — Computation and Allocation of Gross Income by Telephone and Telegraph Companies and Other Transmission Companies

Part I — Computation and Formula Rule Allocation of Gross Income

Type of Gross Income	A Amount of Gross Income	B Gross Income Deductions from:			C Gross Income After Deductions (column A - column B)	D Allocation %	E Allocated Gross Income (column C x column D)
		Part II	Part III	Part IV			
44 Intrastate gross income						100%	•
45 Interstate gross income							•
46 Foreign gross income							•
47 Total intrastate, allocated interstate and foreign gross income (enter here and on Schedule A, Part I, line 26)						47	•

Part II — Exchange Telephone Company Deduction for Carrier Access Service for the Period 1/1/90 - 6/30/90

A Name of Interexchange Telephone Company	B Receipts from Carrier Access Services Included in Gross Income	C Receipts from Carrier Access Services Deducted from Gross Income
Amounts from attached list		
48 Enter total on line 44, column B, Part II		48 •

Part III — Interexchange Telephone Company Deduction for Carrier Access Service for the Period 7/1/90 - 12/31/90

A Name of Exchange Telephone Company	B Cost of Carrier Access Services	C Cost in Column B Attributable to:		
		Intrastate Gross Income	Interstate Gross Income	Foreign Gross Income
Amounts from attached list				
49 Enter total on line 44, column B, Part III		49 •		
50 Enter total on line 45, column B, Part III			50 •	
51 Enter total on line 46, column B, Part III				51 •

Part IV — Other Deductions from Gross Income for the Period 1/1/90 - 12/31/90

A Description of Deduction	B Amount of Deduction	C Amount in Column B Attributable to:		
		Intrastate Gross Income	Interstate Gross Income	Foreign Gross Income
Amounts from attached list				
52 Enter total on line 44, column B, Part IV		52 •		
53 Enter total on line 45, column B, Part IV			53 •	
54 Enter total on line 46, column B, Part IV				54 •

Schedule B (continued)

Part V — Formula Rule Allocation Method for Interstate and Foreign Transmission Services
Computation of Property Factor (include only property used in connection with interstate and/or foreign transmission services)

	Column A New York State		Column B Everywhere	
55 Average value of real property owned	55			
56 Average value of rented real property (multiply the annual rent by eight) ..	56			
57 Average value of tangible personal property owned	57			
58 Average value of tangible personal property rented (multiply the annual rent by eight)	58			
59 Average value of intangible assets	59			
60 Average value of extraterrestrial property	60			
61 Total (add lines 55 through 60)	61	•	•	
62 Property factor (divide line 61, column A, by line 61, column B; enter percentage on Schedule B, Part I, lines 45 and 46, column D)			62	• %

Schedule C — Computation of Economic Development Zone (EDZ) Rate Reduction Credit

A Name of Business	B Certificate Number	C Rate Reduction Base	D Amount of Rate Reduction in 1990	
63 Aggregate rate reduction in 1990 (add column D amounts)			63	
64 EDZ rate reduction credit (97% (.97) of line 63; enter here and on line 2)			64	

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