

CT-185

New York State Department of Taxation and Finance

1st DRAFT

Various design element

Cooperative Agricultural Corporation Changes for new Processing system in Franchise Tax Return Final ___ Amended ___

OPTS only

re	turn return		ıax Law -	– Article 9	, Sectioi	า 185				For calendar year	2012
Employer identificat	tion number		File number	Business tele	phone number	•				If you claim an overpayment, m an X in the box	
Legal name of corporation						Trade name/DBA					
Mailing name (if different from legal name above) and address						State or country of incorporation Date received (for Tax Department of					only)
c/o											
Number and street	or PO box					Date of incorpor	ration				
City	State ZIP code						Foreign corporations: date began business in NYS				
NAICS business co	de number (from federal return)	If address/pl	hone						Audit (1	for Tax Department use only)	
		above is new				your address					
Principal business a	mark an X in the box information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.										
A. Pay amoun	Pay amount shown on line 13. Make payable to: New York State Corporation Tax							\top		Payment enclosed	
•	payment here. Detact					,			Α		
<u> </u>	X (See Form CT-185-I, Ins					mpleting this	return.)				
	ued capital stock (the l							Ш			
	ase (multiply line 1 by <u>f</u>										
	cated issued capital sto								3		
4 Tax (based	on dividend rate) from	line 45						• ∟	4		
5 Minimum ta	ax							L	5		10 00
6 Tax due (am	nount from line 3, 4, or 5,	whichever i	is largest; au	thorized forei	gn corps s	ee instruction:	s)	• ∟	6		
7 Tax credits:	Mark an X in the box(es) indicat	ting the for	m(s) filed an	d attach f	form(s): C	T-40 • 🗆				
CT-41 • □	CT-43 • ☐ CT-243 • ☐	CT-249	□ CT-259	• CT-60	1 • □ CT-	603 •□ CT-	-606 • □				
CT-607 • □	CT-611 • ☐ CT-611.1	I • □ CT-6	612 •□ CT	r-613 •□ C	T-631 • 🗌	CT-633 • [i				
DTF-630 •	Other credits:		•□ .				- -	• L	7		
8 Total tax (su	Other credits:								8		
	ents								9		
0 Balance (if I	ine 9 is less than line 8, s	ubtract line	9 from line 8	8)				[10		
1 Interest on	late payment (see instru	ıctions)						•	11		
2 Late filing a	and late payment penal	lties (see in	structions) .					•	12		
3 Balance du	Je (add lines 10, 11, and	12 and ente	er here; ente	r the paymen	t amount o	n line A above	e)		13		
4 Overpayme	ent (if line 8 is less than lin	ne 9, subtra	ct line 8 fron	n line 9)				Т	14		
									15		
Amount of overpayment to be credited to next period Amount of overpayment to be refunded (subtract line 15 from line 14)									16a		
b Refund of unused tax credits (attach appropriate forms)								16b			
	refundable credit to be								16c		
chedule A -	Assets and liabiliti	es (use ei	nd of year \	values only)						End of year values	
7 Total assets	s from your balance sh	eet						17		•	
8 Total liabiliti	ies from your balance	sheet						18			
9 Net value o	f assets (subtract line 18	3 from line 1	17)					19			
	Computing net val						•	•			•
 Class of stock 		C -	- Selling pr	ice during ye	ear	D – Average	e selling	pric	е	E - Net value	
	shares at year end	Hi		Lov		1	J	•		(column B x column l	D)
ommon			J								
referred								\dashv			
o-par-value								\dashv			
otal					Net	value (add c	olumn F) 2	20		_





		ing net value at \$										
Total number	er of st	nares from Schedu	ıle B, Part 1, colı	umn B	:		. Multiply by \$	55 per share	21			
Schedule	C - C	omputing tax ra	ate if dividend	rate is	s 6% or mor	e on	some or all	classes of o	capital	stock (se	e instructio	ons)
A Class of s				D Dividend ra (C ÷ B)	ate	If column D is 6% or more, multiply each percent, inc fractions of a percent, in column D by .00025 (1/4 r					ng	
Common	mmon					%	Tax rate (enter on line 33,					
Preferred	referred					%	Tax rate (enter on line 36,					
No-par-val	No-par-value						Tax rate (enter on line 39)					
Schedule		Allocation percenter 100 on lin				centa	age – if all o	of your asse	ts are i	in New Y	ork,	
enter 100 on line 30 (see instructions) Average value for the year of:							A — New York State			B — Every	where	
•	22 Cash and bank balance											Т
	Accounts receivable					22						+
	Shares of stock of other companies owned (attach list											+
	showing corporate name, shares held, and actual value)					24						
	5 Bonds, loans, and other securities held, used, or employed					25						
		ts		•	-	26						
27 Leaseh	olds					27						
28 Real es	state o	wned				28						
29 Total (a	dd lines	22 through 28)				29			•			
30 Allocat	ion per	centage/issuer's a	allocation percen	itage (divide line 29,							
columi	n A, by c	olumn B; use this amou	unt to compute lines	2, <mark>32,</mark> 3	35, 38, and 43) •	30		%				
Schedule	E — (Computing tax (based on divider	nd rate	e if Schedule (С, со	lumn D, is 6%	or more; see	instruc	tions)		
		nmon stock <i>(from S</i>				31						
		(multiply line 31 by			× 1	32						
33 Tax (mu	33 Tax (multiply line 32 by <u>field widened</u> , the tax rate from Sched. C, col. E)								33			Ш,
	34 Par value preferred stock (from Schedule C, column B)											
35 Taxable base (multiply line 34 by <u>field widened</u> %, from line 30)						35						
		e 35 by <u>field widened</u>							36			\perp
37 No-par-value stock (from Schedule C. column B)					37							
	Taxable base (multiply line 37 by field widened %, from line 30)					38						
•	, , , , , , , , , , , , , , , , , , , ,							·····	39			
	Remaining value of capital stock					40						
	Value of stock used in computing line 40 on which dividends of 6% or more were paid											
42 Taxable stock (subtract line 41 from line 40)						42 43						
	Taxable base (multiply line 42 by <u>field widened</u> %, from line 30)								4.4			
		III <i>(multiply line 43 b</i>) d issued capital stoo							44			+
			Designee's name (print		idd iiries 33, 36, 3	59, and	1 44; eriter riere a	ina on line 4)	45 Design	gnee's phone	number	
Third – pa designe	_ 10	s 🔲 No 🔲		.,					()	TidiTibol	
(see instruction		signee's e-mail address	;							PIN		
Certification	n: I ce	rtify that this return	n and any attach	ments	s are to the be	est of	my knowledo	ne and belief t	rue. cor		complete.	
		name of authorized pe			gnature of authoriz			Official		1001, 4114	Jonnphoto.	
Authorized												
person	E-mail	address of authorized p	oerson				(ephone number)		Date		
Paid	Firm's	name (or yours if self-emp	loyed)				Firm's EIN		Pre	parer's PTIN	or SSN	
preparer use	Signati	ure of individual prepari	ng this return	Addı	ress		_	City	'	State	ZIP code	
only (see instr.)	E-mail address of individual preparing this return					Preparer's NYTPRIN Date						

See instructions for where to file.

