

CT-245 (11/85)

New York State Department of Taxation and Finance

Maintenance Fee and Activities Report of Foreign Corporations Disclaiming Tax Liability

Article 9, Section 181.2, Tax Law

For calendar year **1985**

or taxable period

beginning _____ •

ending _____ •

Mail to: Processing Unit P.O. Box 1909 Albany, N.Y. 12201 within 2½ months after close of reporting period. IF LABEL IS WRONG, PLEASE CORRECT IT.	Employer Identification Number	File Number	OFFICIAL USE ONLY DATE RECEIVED _____ AUDIT <input type="checkbox"/> Taxable <input type="checkbox"/> Not Taxable By _____ Date _____
	Name		
	Number and Street		
	City or Town, State and ZIP Code		
Principal business activity	Location of commercial domicile		
State or country of Incorporation - Date	Business Group Code Number (per Federal return)		
Began business in New York State	Authorized to do business in New York State 19_____	If NOT authorized to do business in New York State, check here <input type="checkbox"/>	

MAINTENANCE FEE

MAKE CHECK PAYABLE TO: NEW YORK STATE CORPORATION TAX

AUTHORIZED Foreign Corporations ONLY
 Every foreign corporation which has been authorized to do business in New York State **MUST PAY AN ANNUAL MAINTENANCE FEE.**

	PAYMENT
Maintenance Fee (\$200)	_____ •
Interest	_____ •
Additional Charges	_____ •
Total	_____ •
Prepayment	_____ •
Balance Due	_____ •
Refund	_____ •

ACTIVITIES REPORT

1. LIST ALL locations of offices and other places of business in and outside of New York State.

Location	Nature of Activities	Date Began

2. Does the corporation own or lease real property in New York State? (This includes a trucking terminal used exclusively in interstate commerce) Yes No
3. Does the corporation maintain inventory, own or lease personal property in New York State? Yes No
 If "Yes" explain _____
4. Does the corporation employ any other assets in New York State? Yes No
 If "Yes" explain _____

QUESTIONS CONTINUE ON BACK

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.

DATE _____ SIGNATURE OF OFFICER _____ OFFICIAL TITLE _____

