

# CT-245

## Maintenance Fee and Activities Report of Foreign Corporations Disclaiming Tax Liability

Article 9, Section 181.2, Tax Law

For calendar year **1986**  
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.

See Form CT-245-I for instructions.

If there have been any **changes** in your business' name, ID number, mailing or business address, telephone number or owner/officer information, please complete the enclosed **Form DTF-95**. If no form is enclosed, call **1-800-462-8100** (from out of state, (518) 438-1073).

Employer Identification Number		File Number
Name		
Trade Name		
Number and Street		
City or Town	State	ZIP Code
Principal business activity		Location of commercial domicile
State or country of incorporation	Date of incorporation	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"/>

OFFICIAL USE ONLY	
DATE RECEIVED _____	
AUDIT	
<input type="checkbox"/> Taxable	
<input type="checkbox"/> Not Taxable	
By _____	
Date _____	

### MAINTENANCE FEE

<b>Authorized Foreign Corporations Only:</b> Every foreign corporation which has been authorized to do business in New York State must pay an annual maintenance fee.	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 _____
DATE _____	SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THIS REPORT _____	PREPARER'S ADDRESS _____

5. Did the corporation perform services in New York State?.....  Yes  No  
If "Yes", attach a rider to provide details.
6. Does the corporation own assets located in New York State which are leased to others?.....  Yes  No  
If "Yes" explain \_\_\_\_\_
7. Did the corporation perform any construction, erection, installation or repair work or other services in New York State?.....  Yes  No  
If "Yes" explain \_\_\_\_\_
8. Did the corporation participate in a partnership or joint venture doing business in New York State? .....  Yes  No
9. Please indicate whether officers or employees of the corporation perform any of the following:
- a. Perform public relations activities in New York State.....  Yes  No
  - b. Furnish technical advice to retailers or consumers in New York State.....  Yes  No
  - c. Investigate claims in New York State.....  Yes  No
  - d. Collect accounts in New York State.....  Yes  No
  - e. Perform services in New York State.....  Yes  No
  - f. Approve or reject orders in New York State.....  Yes  No
  - g. Perform other activities in New York State (*explain on rider*).....  Yes  No
  - h. Coordinate and/or supervise in New York State activities of a subsidiary which is taxable in New York State.....  Yes  No  
If "Yes" submit rider providing details of the activities, including continuity, frequency and regularity.
10. Trucking corporations only - During this calendar year did your corporation make any pick ups or deliveries in New York State? .....  Yes  No  
If "Yes" indicate the number of pick-ups and deliveries made \_\_\_\_\_
11. Are you formed for or engaged in the business of extracting, producing, refining, manufacturing or compounding petroleum? .....  Yes  No
12. Do you sell petroleum products (crude oil, plant condensate, gasoline, aviation fuel, kerosene, diesel motor fuel, benzol, fuel oil, residual oil or liquefiable gases such as butane, ethane or propane)? .....  Yes  No
13. If you answered "Yes" to question 12, is any of the petroleum shipped to New York State from a location outside New York State?.....  Yes  No
14. Do you import petroleum products into New York State for your own consumption? .....  Yes  No
15. List ALL employees, including officers, employed within New York State.

NAME	TITLE	DATE BEGAN	DUTIES AND RESPONSIBILITIES	COMPENSATION PAID