



# CT-245

New York State Department of Taxation and Finance

## Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability

1995 calendar yr. filers, check box   
Other filers enter tax period:

Final Return  
(see procedure in instr.)

beginning \_\_\_\_\_  
ending \_\_\_\_\_

Tax Law — Article 9, Section 181.2

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)					
	C/O Street or P O Box					
City			State	ZIP code		
Trade name		Location of commercial domicile		Business activity code number (from federal return)		
Principal business activity		State or country of incorporation		Date of inc.		
<input type="checkbox"/> Check box if refund claimed	Date authorized to do business in New York State		If not authorized to do business in New York State, check here <input type="checkbox"/>		Foreign corporations: date began business in NYS	

<b>A.</b> Payment — pay amount shown on line 6. Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed
..... Attach your payment here.	

### Maintenance Fee (See Form CT-245-I, Instructions for Form CT-245, for assistance.)

1 Maintenance fee (\$300 for a full year; see instructions for short period report) .....	1	
2 Total prepayments .....	2	
3 Subtotal (subtract line 2 from line 1) .....	3	
4 Interest .....	4	
5 Additional charges .....	5	
6 Balance due (add lines 3, 4 and 5; enter payment on line A above) .....	6	
7 Refund (if line 1 is smaller than line 2, subtract line 1 from line 2). Check refund box above .....	7	

### Activities

**8** List all locations of offices and other places of business in and outside New York State (attach additional sheets if necessary)

Location	Nature of activities	Date began

- 9** Does the corporation own or lease real property in New York State (this includes trucking terminals used exclusively in interstate commerce)?  Yes  No
- 10** Does the corporation maintain inventory or own or lease personal property in New York State?  Yes  No  
If Yes, explain \_\_\_\_\_
- 11** Does the corporation employ any other assets in New York State?  Yes  No  
If Yes, explain \_\_\_\_\_

(Continued on back)

### 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
	Address		Signature of individual preparing this return

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909.

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