

Maintenance Fee and Activities Return

1999 calendar-yr. filers, check box	
Other filers enter tax period:	

5	1999	For a Foreign Corpo	oration	1	Other filers enter tax period:
	Final Return	Disclaiming Tax Lia	bility	•	beginning
	(see procedure in ins	_{tr.)} Tax Law— Article 9, Section 181	.2		ending
Empl	loyer identification number	File number		Check box if overpayment claimed	For office use only
	Legal name of corporation	Trade name/DI	BA	, , <u></u>	
o .		made name/si	57.		Date received
Mailing name	Mailing name (if different from legal name) a	and address		State or country of incorporation	
ng r	c/o Number and street or PO box			Date of incorporation	
laili					
≥ '	City	State ZIP Code		Foreign corporations: date began business in NYS	
If you	ur name, employer identification number, addres	s, or owner/officer information has changed, you must file	e Business tele	ephone number	Audit use Taxable
Form	n DTF-95 (see instructions). If you need Form D7 ide the U.S. and outside Canada call (518) 485-6	F-95, call 1 800 462-8100 to request one. From areas	())	□ Not Taxable By
NAIC	CS business code number (see instructions)	Principal business activity			Date
Loca	ation of commercial domicile	Date authorized to do business i	n New York St	ate If not author	prized to do business in
					State, check here
		l .			
	Payment – pay amount shown o Attach your payment here.	n line 6. Make check payable to: <i>New</i>	York State	Corporation Tax	Payment enclosed
		m CT-245-I, Instructions for Form (NT 045 60	r assistance \	
	,	,			
	,	year; see instructions for short period repo	•		1
		qual to line 1 subtract line 2 from line 1)			2
		,			
5	Additional charges		5		
	•	5; enter payment on line A above)			6
		e 2, subtract line 1 from line 2)			7
4c	tivities				
8 L	List all locations of offices and o	ther places of business in and outside	New York		
		Location		Nature of a	ctivities Date began
9 [se real property in New York State (thommerce)?			
	used exclusively in interstate c	onlinerce):			🗀 165 🗀 110
0 [Does the corporation maintain in	oventory or own or lease property in N	ew York St	ate?	Yes No
	If Yes, explain				
1 [Does the corporation employ an	y other assets in New York State?			Yes No
					(continued on back)
Cert	tification. I certify that this retur	n and any attachments are to the best	of my kno	wledge and belief true	, correct, and complete.
	nature of elected officer or authorized person	<u> </u>	Official title		Date
_	Firm's name (or yours if self-employed)			ID number	Date
epare.	3 name (or yours it self-employed)			ID HAITIDGE	Juic
Paid preparer use only	Address			Signature of individual pr	eparing this return
ď					

CT-245	(1999)	(back)	

12	Did the corporation perform services in If Yes, attach a separate sheet with a					Yes	No
13	Does the corporation own assets in N If Yes, explain			to others?		Yes	No
14	Did the corporation perform any construction, erection, installation or repair work or other services in New York State?					Yes	No
15	5 Did the corporation participate in a partnership, limited liability company/partnership, or joint venture doing business in New York State?					Yes	No
16	16 Did the officers or employees of the corporation do any of the following: a. Perform public relations activities in New York State b. Furnish technical advice to retailers or consumers in New York State c. Investigate claims in New York State d. Collect accounts in New York State e. Perform services in New York State f. Approve or reject orders in New York State g. Perform other activities in New York State (attach an explanation) h. Coordinate and/or supervise activities of a subsidiary which is taxable in New York State				Yes Yes Yes Yes Yes Yes Yes	No No No No No No No	
17	 If you answered Yes to any of the above questions (16a-h), attach a separate sheet with details of the activities, including continuity, frequency and regularity. 17 Transportation corporations only - Did the corporation make any pick-ups or deliveries in New York State during this calendar year? If Yes, attach a sheet indicating the number of pick-ups and deliveries made and describe the total activities of the corporation in this state. 						No
18	18 Is the corporation formed for or engaged in the business of extracting, producing, refining, manufacturing or compounding petroleum?					Yes	No
	9 Does the corporation sell petroleum products (crude oil, plant condensate, gasoline, aviation fuel, kerosene, diesel motor fuel, benzol, fuel oil, residual oil or liquefied or liquefiable gases such as butane, ethane or propane)?					Yes	No No
	List all employees, including officers,	•		or its own consumption?		Yes	No
	Name	Title	Date began	Duties and responsibilities	Compensation		