

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-245-1 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

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 _____
DATE _____	SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THIS REPORT _____	PREPARER'S ADDRESS _____

