

CT-245

Maintenance Fee and Activities Report of Foreign Corporations Disclaiming Tax Liability

Article 9, Section 181.2, Tax Law

For calendar year **1987**

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)
Date began business in New York State	Date authorized to do business in New York State
	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

<p>Authorized Foreign Corporations Only: Every foreign corporation authorized to do business in New York State must pay an annual maintenance fee.</p>	Make check payable to: New York State Corporation Tax	PAYMENT
	Maintenance Fee \$200.00	
	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 or 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

