



CT-245 Annual Maintenance Fee and Activities Return Of Foreign Corporations

Disclaiming Tax Liability
Tax Law - Article 9, Section 181.2

For calendar year 1992
or tax period:

beginning

ending

Employer identification number		File number		You must report changes to your name, EIN, address or owner/officer information on Form DTF-95.	For office use only	
Name					Date received	
Number and street		City or town	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		Date began business in NYS		
Date authorized to do business in New York State		If not authorized to do business in New York State, check here <input type="checkbox"/>				Audit use <input type="checkbox"/> Taxable <input type="checkbox"/> Not taxable By _____ Date _____

A. Payment - pay amount shown on line 6 — Make check payable to: <i>New York State Corporation Tax</i>	Payment enclosed
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Maintenance Fee

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

Activities

8 List all locations of offices and other places of business in and outside of 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 a trucking terminal 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.

Date	Signature of elected officer or authorized person	Official title
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return
Paid preparer's ID number	Paid preparer's address	

Mail your return to: NYS Corporation Tax, Processing Unit, P O Box 1909, Albany NY 12201-1909

