CT-245

1995

☐ **Final Return** *(see procedure in instr.)*

New York State Department of Taxation and Finance

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

Tax Law — Article 9, Section 181.2

1995 calendar yr. filers, check box ☐
Other filers enter tax period:
beginning _____
ending _____

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 PLACE LABEL HERE			
Street or P O Box			
City State ZIP code			*Audit use* ☐ **Taxable** ☐ **Not Taxable** By _____ Date _____
Trade name	Location of commercial domicile	Business activity code number (from federal return)	
Principal business activity	State or country of incorporation	Date of inc. /	
☐ 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 ☐	Foreign corporations: date began business in NYS

A. Payment — pay amount shown on line 6. Make check payable to: ***New York State Corporation Tax***
◀ ····· Attach your payment here.

Payment enclosed

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	Date
Address	Signature of individual preparing this return	

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

12 Did the corporation perform services in New York State? ☐ Yes ☐ No
If *Yes*, attach a separate sheet with details.

13 Does the corporation own assets located in New York State which are leased to others? ☐ Yes ☐ No
If *Yes*, explain _____

14 Did the corporation perform any construction, erection, installation or repair work or other services in New York State? ☐ Yes ☐ No
If *Yes*, explain _____

15 Did the corporation participate in a partnership or joint venture doing business in New York State? ☐ Yes ☐ No

16 Did officers or employees of the corporation do any of the following:

a. Perform public relations activities in New York State ☐ Yes ☐ No

b. Furnish technical advice to retailers or consumers in New York State ☐ Yes ☐ No

c. Investigate claims in New York State ☐ Yes ☐ No

d. Collect accounts in New York State ☐ Yes ☐ No

e. Perform services in New York State ☐ Yes ☐ No

f. Approve or reject orders in New York State ☐ Yes ☐ No

g. Perform other activities in New York State *(attach an explanation)* ☐ Yes ☐ No

h. Coordinate and/or supervise activities of a subsidiary which is taxable in New York State ☐ Yes ☐ No

If you answered *Yes* to any of the above questions (16 a-h), attach a separate sheet with details of the activities, including continuity, frequency and regularity.

17 Trucking corporation only - Did the corporation make any pick-ups or deliveries in New York State during this calendar year? ☐ Yes ☐ No

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.

18 Is the corporation formed for or engaged in the business of extracting, producing, refining, manufacturing or compounding petroleum? ☐ Yes ☐ No

19 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

If *Yes*, is any of the petroleum shipped to New York State from a location outside New York State? ☐ Yes ☐ No

20 Does the corporation import petroleum products into New York State for its own consumption? ☐ Yes ☐ No

21 List **all** employees, including officers, employed within New York State *(attach additional sheets if necessary)*.

Name	Title	Date began	Duties and responsibilities	Compensation