New York State Department of Taxation and Finance JT-245 Maintenance Fee and Activities Return 1998 calendar-yr. filers, check box Other filers enter tax period: For a Foreign Corporation **Disclaiming Tax Liability** beginning **Final Return** Tax Law — Article 9, Section 181.2 (see procedure in instr.) ending Employer identification number Check box if For office use only overpayment claimed Legal name of corporation Trade name/DBA Date received ing name address Mailing name (if different from legal name) and address State or country of incorporation PLACE LABEL HERE Mailing and add Number and street or PO box Date of incorporation State ZIP code Foreign corporations: date began business in NYS Audit use If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If you need Form DTF-95, call 1 800 462-8100 to request one. From ☐ Taxable Business telephone number ■ Not Taxable areas outside the U.S. and outside Canada, call (518) 485-6800. Ву Business activity code number (from federal return; ■ □ NAICS Principal business activity Date see instructions) ● ☐ Other If not authorized to do business in New York State, check here Location of commercial domicile Date authorized to do business in New York State Payment enclosed A. Payment — pay amount shown on line 6. Make check payable to: New York State Corporation Tax **1** Attach your payment here. **Maintenance Fee** (See Form CT-245-I, Instructions for Form CT-245, for assistance.) Maintenance fee (\$300 for a full year; see instructions for short period report) 1 2 2 Total prepayments 3 4 Interest Additional charges Balance due (add lines 3, 4, and 5; enter payment on line A above) 6 Refund (if line 1 is smaller than line 2, subtract line 1 from line 2). 7 Activities List all locations of offices and other places of business in and outside New York State (attach additional sheets if necessary) Nature of activities Location Date began 9 Does the corporation own or lease real property in New York State (this includes trucking terminals used exclusively in interstate commerce)? 10 Does the corporation maintain inventory or own or lease personal property in New York State? If Yes, explain _ 11 Does the corporation employ any other assets in New York State? 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 Firm's name (or yours if self-employed) ID number Date Address Signature of individual preparing this return

12	Did the corporation perform services in New York State?				Yes	□ No
13	Does the corporation own assets located in New York State which are leased to others?				☐ Yes	□ No
14	Did the corporation perform any construction, erection, installation or repair work or other services in New York State? If Yes, explain				☐ Yes	□ No
15	Did the corporation participate in a partnership, limited liability company/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					☐ No
	d. Collect accounts in New York State				☐ Yes	\square No
	e. Perform services in New York State				☐ Yes	\square No
	f. Approve or reject orders in New York State				☐ Yes	\square No
	g. Perform other activities in New York State (attach an explanation)				☐ Yes	\square No
	h. Coordinate and/or supervise activ	vities of a subsidiar	y which is ta	axable 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	7 Transportation corporations 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?					☐ No
21	List all employees, including officers, employed within New York State (attach additional sheets if necessary).					
	Name	Title	Date began	Duties and responsibilities	Con	npensation
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