



CT-245

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

1999 calendar-yr. filers, check box
Other filers enter tax period:

Final Return
(see procedure in instr.)

beginning	
ending	

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation	Trade name/DBA		
	Mailing name (if different from legal name) and address c/o		State or country of incorporation	
	Number and street or PO box		Date of incorporation	
	City	State	ZIP Code	Foreign corporations: date began business in NYS
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 areas outside the U.S. and outside Canada call (518) 485-6800.			Business telephone number ()	Audit use <input type="checkbox"/> Taxable <input type="checkbox"/> Not Taxable By _____ Date _____
NAICS business code number (see instructions)	Principal business activity			
Location of commercial domicile		Date authorized to do business in New York State	If not authorized to do business in New York State, check here <input type="checkbox"/>	

A. Payment – pay amount shown on line 6. Make check payable to: New York State Corporation Tax Attach your payment here.	Payment enclosed <input type="checkbox"/>
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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 (if line 2 is less than or equal to line 1 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)	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 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	

