



CT-245 Maintenance Fee and Activities Report of Foreign Corporations Disclaiming Tax Liability

Tax Law - Article 9, Section 181.2

For calendar year 1989 or tax period:

beginning

ending

Employer identification number		File number *		If your name, employer identification number, address or owner/officer information has changed, file 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 group 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: New York State Corporation Tax	Payment enclosed
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Maintenance Fee

1 Maintenance fee (see instructions)	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 Report

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 _____

(Questions continue on back)

Certification. I certify that this report 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	Signature of individual or name of firm preparing this report	Preparer's address

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

