



# CT-245 Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability

For calendar year 1993  
or tax period:

beginning	
ending	

Tax Law — Article 9, Section 181.2

Employer identification number		File number		<b>You must report changes to your name, EIN, address or owner/officer information on Form DTF-95.</b>	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)	Audit use <input type="checkbox"/> Taxable <input type="checkbox"/> Not taxable By _____ Date _____
Principal business activity		State or country of incorporation		date	
Date authorized to do business in New York State		If not authorized to do business in New York State, check here		<input type="checkbox"/>	

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

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)	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.

