



CT-240

(9/05)

Staple forms here

New York State Department of Taxation and Finance

Foreign Corporation License Fee Return

Tax Law – Article 9, Section 181.1

Based on period ended

Employer identification number	File number	Business telephone number ()	
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box		State or country of incorporation	Date received (for Tax Department use only)
City State ZIP code		Date of incorporation	
		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. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site or by fax or phone. See the <i>Need help?</i> section of the instructions.			Audit (for Tax Department use only)

A. Pay amount shown on line 12. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs.	Payment enclosed
	A.

Computation of license fee (see instructions)

1	Issued and outstanding par value stock at face value	1.	
2	Par value stock allocated to New York State (multiply line 1 by line 17, line 20, or line 25)	2.	
3	Fee — par value stock (multiply line 2 by .0005)	3.	
4	Number of shares of no-par value stock issued and outstanding	4.	
5	Number of shares of no-par value stock allocated to New York State (multiply line 4 by line 17, line 20, or line 25)	5.	
6	Fee — no-par value stock (multiply line 5 by 5 cents (.05))	6.	
7	Total license fee (line 3 plus line 6 or \$10, whichever is greater)	7.	
8	License fee previously paid	8.	
9	License fee due with this report (subtract line 8 from line 7)	9.	
10	Interest (see instructions)	10.	
11	Additional charges (see instructions)	11.	
12	Balance due (add lines 9, 10, and 11; enter payment on line A above)	12.	

Third – party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ()	Personal identification number (PIN) <input type="text"/>

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person		Official title	Date
Paid preparer use only	Signature of individual preparing this return	Firm's name (or yours if self-employed)	
	Address City State ZIP code	ID number	Date

Mail your return to:
**NYS CORPORATION TAX
 PROCESSING UNIT
 PO BOX 22038
 ALBANY NY 12201-2038**

Schedule A — Foreign corporations (including S corporations and corporations included in a combined return) taxable under Tax Law, Article 9-A (see instructions)

13	Allocated business and investment capital from Form CT-3 or CT-3-S-ATT, Schedule B.....	13.		
14	Allocated subsidiary capital from Form CT-3-ATT or CT-3-S-ATT, Schedule B.....	14.		
15	Total allocated capital (add lines 13 and 14)	15.		
16	Total capital from Form CT-3 or CT-3-S-ATT, Schedule B	16.		
17	License fee allocation (divide line 15 by line 16)	17.		%

Schedule B — Foreign corporations taxable under Tax Law, Article 9 (see instructions)

18	Gross assets, less United States obligations and cash, employed in New York State	18.		
19	Gross assets, less United States obligations and cash, wherever employed	19.		
20	License fee allocation (divide line 18 by line 19)	20.		%

Schedule C — Foreign corporations taxable under Tax Law, Article 32 (see instructions)

21	Allocated business capital.....	21.		
22	Allocated subsidiary capital	22.		
23	Total allocated business and subsidiary capital (add lines 21 and 22)	23.		
24	Total worldwide capital	24.		
25	License fee allocation (divide line 23 by line 24)	25.		%