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Mailing name (if different from legal name above)			State or country of in	corporation Date rec	eived (for Tax Depart	tment use only)
c/o						
Number and street or PO box			Date of incorporation	n		
City	State	ZIP code	Foreign corporations business in NYS	date began		
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yment – pay amount shown on line 6. Ma	ake check pay	able to: <i>New York St</i>	ate Corporation	Тах	Payment encl	osed
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Mail your return to: NYS CORPORATION TAX PROCESSING UNIT PO BOX 22038 **ALBANY NY 12201-2038**

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	• · · · · · · · · · · · · · · · · · · ·	12 Did the corporation perform services in New York State?						No
		rporation own assets in Ne ain		that 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?							No
15				ny/partnership, or joint venture doing		Yes		No
16 Did the officers or employees of the corporation do any of the following in New York State? a. Perform public relations activities						Yes Yes Yes Yes Yes Yes Yes		No No No No No No No
17 Transportation corporations only: Did the corporation make any pickups or deliveries in New York State during this calendar year? If Yes, attach a sheet indicating the number of pickups and deliveries made and describe the total activities of the corporation in this state.								No
18			_	producing, refining, manufacturing, or		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)?							No
	If Yes, is any of the petroleum shipped to New York State from a location outside New York State?							No
20	Does the corporation import pe	etroleum products into New	York State for	or its own consumption?		Yes		No
21	List all employees, including of	ficers, employed within Nev		(attach additional sheets if necessary).				
	Name	Title	Date began	Duties and responsibilities		Con	npens	ation