



# CT-245

New York State Department of Taxation and Finance

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

All filers must enter tax period:

Final return   
(see procedure in instr.)

Tax Law— Article 9, Section 181.2

beginning

ending

|   |  |   |   |  |
|---|--|---|---|--|
| Employer identification number  | File number  | Business telephone number<br>( )  | If you claim an overpayment, mark an X in the box <input type="checkbox"/>                                      |  |
| Legal name of corporation   |  | Trade name/DBA  |   |  |
| Mailing name (if different from legal name above)<br>c/o<br>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  |  |
| NAICS business code number (see instructions)   | 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, by phone, or by fax. See the <i>Need help?</i> section of the instructions. |   | Audit use<br>Taxable <input type="checkbox"/><br>Not taxable <input type="checkbox"/><br>By _____<br>Date _____ |  |
| Principal business activity   |  | If not authorized to do business in New York State, mark an X here <input type="checkbox"/> |   |  |
| Location of commercial domicile   |  | Date authorized to do business in New York State  |   |  |

|   |                            |
|---|----------------------------|
| <b>A.</b> Pay amount shown on line 6. Make check payable to: <b>New York State Corporation Tax</b><br>Attach your payment here. Detach all check stubs. | <b>A.</b> Payment enclosed |
|---|----------------------------|

### 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 (see instructions) .....   | 4. |  |
| 5 Additional charges (see instructions) .....   | 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 (For lines 9 through 20, mark an X in the appropriate box.)

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 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**

12 Did the corporation perform services in New York State? ..... Yes  No   
 If Yes, attach a separate sheet with details.

13 Does the corporation own assets in New York State that are leased to others? ..... Yes  No   
 If Yes, explain \_\_\_\_\_

14 Did the corporation perform any construction, erection, installation or repair work, or other services in New York State? ..... Yes  No   
 If Yes, explain \_\_\_\_\_

15 Did the corporation participate in a partnership, limited liability company/partnership, or joint venture doing business in New York State? ..... 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  No
- b. Furnish technical advice to retailers or consumers ..... Yes  No
- c. Investigate claims ..... Yes  No
- d. Collect accounts ..... Yes  No
- e. Perform services ..... Yes  No
- f. Approve or reject orders ..... Yes  No
- g. Perform other activities (*attach an explanation*) ..... Yes  No
- h. Coordinate or supervise, or both, the activities of a subsidiary that is taxable in New York State ..... Yes  No

If you answered Yes to any of the above questions (16a-h), attach a separate sheet with details of the activities, including continuity, frequency, and regularity.

17 Transportation corporations only: Did the corporation make any pickups or deliveries in New York State during this calendar year? ..... Yes  No   
 If Yes, attach a sheet indicating the number of pickups and deliveries made and describe the total activities of the corporation in this state.

18 Is the corporation formed for or engaged in the business of extracting, producing, refining, manufacturing, or compounding petroleum? ..... 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)? ..... Yes  No   
 If Yes, is any of the petroleum shipped to New York State from a location outside New York State? ..... Yes  No

20 Does the corporation import petroleum products into New York State for its own consumption? ..... Yes  No

21 List all employees, including officers, employed within New York State (*attach additional sheets if necessary*).

| Name | Title | Date began | Duties and responsibilities | Compensation |
|------|-------|------------|-----------------------------|--------------|
|      |       |            |                             |              |
|      |       |            |                             |              |
|      |       |            |                             |              |
|      |       |            |                             |              |
|      |       |            |                             |              |
|      |       |            |                             |              |