CT-245 New York State Department of Taxation and Finance Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability All filers must enter tax period:

Employer identification number Employer identification number Environment Envir	(•		-			
Legal name of corporation	(see procedure in instr.)	Tax Law— A	rticle 9, S	Section 181.2	beginning		ending	
A Pay amount shown on line 6. Make check payable to: New York State Corporation Tax A continuence fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (See Form CT-245-1, Instructions for Form CT-245,	Employer identification number		File number	Business telephone r	number			
Maliling name (if different from legal name above) Cio				()				
City State ZiP code Date of incorporation	Legal name of corporation				Trade name/DBA			
City State ZIP code Form propositions: date began business and street or PO box NAICS business code number (from federal return) NAICS business code number (from federal return) Principal business activity Principal business activity Principal business activity In your name, employer identification number, address, or owner/officer information has changed, you must file from DTF-85. If only your address has changed, you must file from DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this your address has changed, you must file form DTF-85. To this								
Date of incorporation Date of incorporation	Mailing name (if different from legal name a	above)			State or country of	incorporation	Date received (for Tax	Department use only
NAICS business code number (from feederal return) If your name, employer identification number, address, or owner/office information has changed, you must life Form DTF-95. If only your address has changed, you must life Form DTF-95. You can get these forms from our Web site, by phone, or by fax. See the Neved help? Section of the instructions. Not taxable					D			
NAICS business code number (from federal return) 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 must file Form DTF-95. If only your address has changed, you must file Form DTF-95. If only your address has changed, you must file Form DTF-96. You can get these forms from our Web site, by phone, or by fax. See the Need help? section of the instructions. Location of commercial domicile Date authorized to do business in New York State If not authorized to do business in New York State (and the normal formal	Number and street or PO box				Date of incorpora	tion		
NAICS business code number (from federal return) NAICS business activity Principal business activity Principal business activity Location of commercial domicile Date authorized to do business in New York State Corporation Tax Attach your payment here. Detach all check stubs. Subtotal (if line 2 is less than or equal to line 1, subtract line 2 from line 1) Additional charges (see instructions) Balance due (add lines 3, 4, and 5; enter payment on line A above) Balance due (add lines 9, 4, and 5; enter payment on line A above) Balance due (add lines 3, 4, and 5; enter payment on line 2) Citivities (For lines 9 through 23, mark an X in the appropriate box.) Does the corporation own or lease real property in New York State? Does the corporation employ any other assets in New York State? Yes \ No \ No \	City		State	ZIP code		s: date began		
Principal business activity	•				business in NYS			
Principal business activity	NAICS business code number (from federal	return)					Audit use Taxable	
Principal business activity							Not toyol	
Location of commercial domicile Date authorized to do business in New York State If not authorized to do business in New York State, mark an X here	Principal business activity			may file Form DTF-9	96. You can get these f	orms from		ые 🗀
Date authorized to do business in New York State, mark an X here						Need help?		
Payamount shown on line 6. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. Alintenance fee (See Form CT-245-1, Instructions for Form CT-245, for assistance.) Maintenance fee (\$300 for a full year; see instructions for short-period report) Total prepayments	Location of commercial domicile		Date au			If not outbo		ooo in
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Subtotal (if line 2 is less than or equal to line 1, subtract line 2 from line 1)	Total prepayments						2.	
Interest (see instructions)								
Additional charges (see instructions)								
Balance due (add lines 3, 4, and 5; enter payment on line A above) Refund (if line 1 is smaller than line 2, subtract line 1 from line 2) Itivities (For lines 9 through 23, mark an X in the appropriate box.) 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 be Does the corporation own or lease real property in New York State (this includes trucking terminals used exclusively in interstate commerce)? No Does the corporation maintain inventory or own or lease property in New York State? Yes No If Yes, explain Does the corporation employ any other assets in New York State? Yes No								
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Does the corporation own or lease real property in New York State (this includes trucking terminals used exclusively in interstate commerce)?		•						Date began
used exclusively in interstate commerce)?								zato sogar.
used exclusively in interstate commerce)?								
Used exclusively in interstate commerce)?	Door the corporation own or	loose real proper	tu in Nov	Vork State (this in	oludos truskina t	orminala		
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If Yes, explain Does the corporation employ any other assets in New York State? Yes No [used exclusively in interstat	te commerce)?					res L	
If Yes, explain Does the corporation employ any other assets in New York State? Yes \[\Boxed{\sqrt{No}} \]					V		v [¬ ¬
Does the corporation employ any other assets in New York State?		in inventory or ow	n or leas	e property in New	York State?		Yes L	⊔ No L
	If <i>Yes</i> , explain							
							у Г	¬ ¬
If Yes, explain (continued on		any other assets	in New \	ork State?				
	If <i>Yes</i> , explain						(co	ntinued on bad
Third - Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes (complete the following) No	hird - Do you want to allow a	another person to di	scuss this	return with the Tax D	Dept? (see instruction	s) Yes	(complete the t	followina) No
party Designed's name					•	- -		
esignee s name Designee's priorie number () Personal identification number (PIN)	signee		(Personal number (I	identification PIN)	
rtification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete	tification: I certify that this re	eturn and any atta	achments	are to the hest of	my knowledge ar		•	complete
pature of authorized person Official title Date		Julii and any alla	201111101110			וט טכווכו נונ		compicte.
Silvina and	or admonage percent			`				
Signature of individual preparing this return								
Signature of manifolding this return Films flame (or yours it self-employed)	Signature of individual proporties th	ie roturn	□irm'	name for yours if ask	alayad)			
6 Address City State ZIP code ID number Date	Signature of individual preparing th	nis return	Firm's	name (or yours if self-emp	ployed)			
Oity State ZIF Gode ID Humber Date	Signature of individual preparing the					her	Date	

	C1-245 (2005) (back)						
	12 Did the corporation p	erform services in	New York Sta	te?	Yes		No 🗌
	If Yes, attach a sepa						
	,						
	13 Does the corporation	own assets in Nev	w York State tl	nat are leased to others?	Yes		No 🗌
	11 763, explain						
4 /	Did the corporation perform any constru	ation aroation inc	tallation or rar	or work or other			
14	Did the corporation perform any constru		-		.,		🗆
	services in New York State?				Yes	Ш	No 🗀
	If Yes, explain						
15	Did the corporation participate in a partr	nership, limited liab	ility company	partnership, or joint venture doing			
	business in New York State?				Yes		No 🗌
16	Did the officers or employees of the corp	oration do any of	the following i	n New York State?			
. •	a. Perform public relations activities				Vac		No 🗌
	•					Ħ	No 🗆
	b. Furnish technical advice to retailers of					H	
	c. Investigate claims						No 📙
	d. Collect accounts				Yes	Ц	No 🖳
	e. Perform services				Yes		No 🗀
	f. Approve or reject orders				Yes		No 🗌
	g. Perform other activities (attach an expl						No 🗌
	h. Coordinate or supervise, or both, the						No \square
			•		168	ш	NO L
	If you answered Yes to any of the above		, attach a sep	arate sheet with details of the			
	activities, including continuity, frequen	cy, and regularity.					
17	Transportation corporations only: Did the	e corporation make	any pickups	or deliveries in New York State			
	during this calendar year?	•			Yes		No 🗌
	If <i>Yes</i> , attach a sheet indicating the num						
	_	ber of plokups and	i deliveries me	ide and describe the total activities			
	of the corporation in this state.						
18	Is the corporation formed for or engaged						
	compounding petroleum?				Yes	Ш	No 🗀
19	Does the corporation sell petroleum prod	ducts (crude oil, pla	ant condensate	, gasoline, aviation fuel, kerosene,			
	diesel motor fuel, benzol, fuel oil, residual o	oil, or liquefied or liq	uefiable gases	such as butane, ethane, or propane)?	Yes		No 🗌
	If Yes, is any of the petroleum shipped to		•				No 🗆
	in ree, is any or the petroleum empped to	o riow fork olato ii	ioni a location	odiolae New York Clate:	100		
20	Does the corporation import petroleum p	araduata into Naw	Vark Stata for	its own consumption?	Voc		No 🗌
20	Does the corporation import petroleum p	products into New	York State for	its own consumption?	res		INO L
21	Has the corporation been terminated in	the state in which	it was incorno	rated?	\/		No 🗆
~ I				rateu:	res	Ш	No
	If Yes, enter date of termination						
						_	
22	Was the corporation previously subject t	to tax in New York	State?		Yes		No 🗌
	If Yes, enter date the corporation cease	ed doing business	in New York S	State			
	•	•					
23	Is the corporation a qualified subchapter	r S subsidiary (OS	SS)?		Voo		No 🗌
20					res	Ш	INO L
	If Yes, enter name and federal employe	er identification hul	inper of the pa	нень согрогацоп			
24	List all employees, including officers, em	nployed within New	V York State (a	ttach additional sheets if necessary).			
				Duties and responsibilities		Con	noncation
	Name	Title	Date began	Duties and responsibilities		Con	npensation