



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:

Final return

Amended return

Tax Law— Article 9, Section 181.2

beginning

ending

| | | | | |
|--|--|--|--|---|
| Employer identification number (EIN) | File number | Business telephone number () | 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) c/o | | State or country of incorporation | Date received (for Tax Department use only) | |
| Number and street or PO box | | Date of incorporation | | |
| City | State | ZIP code | Foreign corporations: date began business in NYS | |
| NAICS business code number (from NYS Pub 910) | If address/phone above is new, mark an X in the box <input type="checkbox"/> | If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | | Audit use Taxable <input type="checkbox"/> Not taxable <input type="checkbox"/> By _____ Date _____ |
| NYS principal business activity | | | | |
| 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 <input type="checkbox"/> | | |

A. Pay amount shown on line 6. Make payable to: **New York State Corporation Tax**
 Attach your payment here. Detach all check stubs. (See instructions for details.) **A** 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 return) | 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 and enter here; enter the payment amount on line A above) | 6 | |
| 7 Refund of overpayment (if line 1 is smaller than line 2, subtract line 1 from line 2) | 7 | |

Activities (For lines 9 through 23, 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 _____
- 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 _____ (continued on page 2)

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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 Has the corporation been terminated in the state in which it was incorporated? Yes No
 If Yes, enter date of termination _____

22 Was the corporation previously subject to tax in New York State? Yes No
 If Yes, enter date the corporation ceased doing business in New York State _____

23 Is the corporation a qualified subchapter S subsidiary (QSSS)? Yes No
 If Yes, enter name and federal employer identification number of the parent corporation _____

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

| Name | Title | Date began | Duties and responsibilities | Compensation |
|--|-------|--|-------------------------------|--------------------------------------|
| | | | | |
| Third – party designee <small>(see instructions)</small> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) _____ | Designee's phone number () _____ |
| Designee's e-mail address _____ | | | PIN _____ | |

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

| | | | | |
|--|--|--------------------------------|--------------------|------------------------|
| Authorized person | Printed name of authorized person | Signature of authorized person | Official title | |
| | E-mail address of authorized person | Telephone number () _____ | Date | |
| Paid preparer use only <small>(see instr.)</small> | Firm's name (or yours if self-employed) | | Firm's EIN | Preparer's PTIN or SSN |
| | Signature of individual preparing this return | Address | City | State ZIP code |
| | E-mail address of individual preparing this return | | Preparer's NYTPRIN | Date |

See instructions for where to file.

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