

## CT-245 New York State Department of Taxation and Finance Maintenance Fee and Activities Return

2000 calendar-yr. filers, check box Other filers enter tax period:	
Other mers enter tax period.	

5	2000	For a Forei	gn Corpo	ration	nues Return 1		dar-yr. filers, s enter tax pe	
	Final return (see procedure in ins	Disclaiming tr.) Tax Law— Article	9, Section 181.2	!				
Emplo	yer identification number		File number		Check box if overpayment claimed	For office use		
	Legal name of corporation		Trade name/DBA	A	I	<u> </u>		
ime	Mailing name (if different from legal name) and address  State or co			State or country of incorporation	Date received			
Mailing name	c/o							
ailin	Number and street or PO box				Date of incorporation			
<b>≥</b> ₹	City	State	ZIP Code		Foreign corporations: date began business in NYS	Audit use		
	name, employer identification number, addres DTF-95. Obtain forms through fax-on-demand.			Business tel	ephone number	☐ Taxa	able taxable	
numbe	ers. See the <i>Need help?</i> section of the form or business code number (see instructions)			(	)		taxable	
1		,				Date		
Locat	ion of commercial domicile	Date authoris	zed to do business in	New York S	1	norized to do State, check		
	ayment – pay amount shown c	on line 6. Make check p	ayable to: <b>New</b> )	ork Stat	e Corporation Tax	P	ayment enclo	sed
Иa	intenance fee (See For	m CT-245-I, Instruction	ons for Form C	T-245, fo	or assistance.)			
1 N	Maintenance fee (\$300 for a full	year; see instructions for	short period report	t)		1		
	otal prepayments					2		
	Subtotal (if line 2 is less than or e	•	•			+-		
	nterest							
	5 Additional charges					6		
<b>7</b> F	efund (if line 1 is smaller than lin	e 2, subtract line 1 from l	line 2)			7		
\c1	ivities							
8 L	ist all locations of offices and o	ther places of business	s in and outside N	New York	State (attach additional	sheets if ned	cessary)	
		Location			Nature of a	activities		Date began
ŀ								
į								
	oes the corporation own or lea used exclusively in interstate o		•		•		☐ Yes	No
<b>0</b> E	loes the corporation maintain in				ate?		☐ Yes	No
	loes the corporation employ an	y other assets in New \					☐ Yes	. □ No
	· • ———						(conti	nued on back)
	fication. I certify that this retur	•	are to the best o					te.
Signa	ture of elected officer or authorized pers	on		Official title		Da	ite	
parer Jly	Firm's name (or yours if self-employed)			I	ID number	Da	te	
Paid preparer use only	Address				Signature of individual p	preparing this r	eturn	

CT-245	(2000)	(back)	

12	Did the corporation perform services in If Yes, attach a separate sheet with o					Yes		No
13	Does the corporation own assets in Ne If <i>Yes</i> , explain			to others?		Yes		No
14	Did the corporation perform any construction, erection, installation or repair work, or other services in New York State?					Yes		No
15	Did the corporation participate in a partnership, limited liability company/partnership, or joint venture doing business in New York State?					Yes		No
16	6 Did the officers or employees of the corporation do any of the following?  a. Perform public relations activities in New York State					Yes Yes Yes Yes Yes Yes Yes		No No No No No No No
17	If you answered <i>Yes</i> 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?  If <i>Yes</i> , attach a sheet indicating the number of pickups and deliveries made and describe the total activities of the corporation in this state.							No
18	8 Is the corporation formed for or engaged in the business of extracting, producing, refining, manufacturing, or compounding petroleum?					Yes		No
	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 Yes Yes		No No No
21	List all employees, including officers, e	employed within Nev	w York State	(attach additional sheets if necessary).				
	Name	Title	Date began	Duties and responsibilities	Compensation			