



CT-240

New York State Department of Taxation and Finance

Foreign Corporation License Fee Return

Tax Law – Article 9, Section 181.1

Based on period ended

| | | | |
|--|-------------|-----------------------------------|--|
| Employer identification number (EIN) | File number | Business telephone number () | |
| Legal name of corporation | | Trade name/DBA | |
| Mailing name (if different from legal name above) c/o Number and street or PO box | | State or country of incorporation | Date received (for Tax Department use only) |
| City | State | ZIP code | Foreign corporations: date began business in NYS |
| 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 (for Tax Department use only) |

| | |
|---|------------------|
| A. Pay amount shown on line 12. Make payable to: New York State Corporation Tax | Payment enclosed |
| Attach your payment here. Detach all check stubs. (See instructions for details.) | A |

Computation of license fee (see instructions)

| | | | |
|----|--|----|--|
| 1 | Issued and outstanding par value stock at face value | 1 | |
| 2 | Par value stock allocated to New York State (multiply line 1 by line 17, line 20, or line 25) | 2 | |
| 3 | Fee — par value stock (multiply line 2 by .0005) | 3 | |
| 4 | Number of shares of no-par value stock issued and outstanding... | 4 | |
| 5 | Number of shares of no-par value stock allocated to New York State (multiply line 4 by line 17, line 20, or line 25) | 5 | |
| 6 | Fee — no-par value stock (multiply line 5 by 5 cents (.05)) | 6 | |
| 7 | Total license fee (line 3 plus line 6 or \$10, whichever is greater) | 7 | |
| 8 | License fee previously paid | 8 | |
| 9 | License fee due with this return (subtract line 8 from line 7) | 9 | |
| 10 | Interest (see instructions) | 10 | |
| 11 | Additional charges (see instructions) | 11 | |
| 12 | Balance due (add lines 9, 10, and 11 and enter here; enter the payment amount on line A above) | 12 | |

Schedule A — Foreign corporations (including S corporations and corporations included in a combined return) taxable under Tax Law, Article 9-A (see instructions)

| | | | |
|----|--|----|---|
| 13 | Allocated business and investment capital from Form CT-3, line 39..... | 13 | |
| 14 | Allocated subsidiary capital from Form CT-3-ATT, line 29..... | 14 | |
| 15 | Total allocated capital (add lines 13 and 14) | 15 | |
| 16 | Total capital from Form CT-3, line 32 | 16 | |
| 17 | License fee allocation (divide line 15 by line 16) | 17 | % |

Schedule B — Foreign corporations taxable under Tax Law, Article 9 (see instructions)

| | | | |
|----|---|----|---|
| 18 | Gross assets, less United States obligations and cash, employed in New York State | 18 | |
| 19 | Gross assets, less United States obligations and cash, wherever employed | 19 | |
| 20 | License fee allocation (divide line 18 by line 19) | 20 | % |

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Schedule C – Foreign corporations taxable under Tax Law, Article 32 (see instructions)

| | | | |
|-----------|---|-----------|---|
| 21 | Allocated business capital | 21 | |
| 22 | Allocated subsidiary capital | 22 | |
| 23 | Total allocated business and subsidiary capital (add lines 21 and 22) | 23 | |
| 24 | Total worldwide capital | 24 | |
| 25 | License fee allocation (divide line 23 by line 24) | 25 | % |

| | | | |
|--|--|-------------------------|--------------------------------|
| Third – party designee <i>(see instructions)</i> | 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 <i>(see instr.)</i> | 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.

