

New York State Department of Taxation and Finance

IT-204-LL

Limited Liability Company/ Limited Liability Partnership Filing Fee Payment Form

	For calendar year 2003 or fisc	cal year beginning	2003,	and ending,
Print or type	Read the instructions, Form IT-204-LL-I, before completing this form.			Employer identification number
	Legal name			•
				Change of business information
	Trade name of business if different from legal name above			☐ Mark X here if you have changed your mailing address and have not
	Address (number and street or rural route)			previously notified us (see instructions,
ď	City, village, or post office	State	ZIP code	Date business started
	Principal business activity			Contact person's telephone number
				()

This form must be filed for limited liability companies (LLCs) and limited liability partnerships (LLPs) that are treated as partnerships for federal income tax purposes and single member LLCs (SMLLCs) that are treated as disregarded entities for federal income tax purposes. Do **not** file this form for an LLC or LLP that has elected to be treated as a corporation for federal income tax purposes.

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Part	I General information
1.	Did this entity have any income, gain, loss, or deduction derived from New York sources during the tax year? (see instructions)
	If <i>No</i> , Stop ; do not complete the rest of this form. However, an authorized person must still sign the certification below. If <i>Yes</i> , complete the form as follows:
	 LLCs and LLPs that are treated as partnerships for federal income tax purposes, complete Part II. SMLLCs that are disregarded entities for federal income tax purposes, complete Part III.
Part	II Partnerships for federal income tax purposes
2.	Enter the total number of members or partners of this entity as of the last day of its tax year (see instructions)
3.	LLC/LLP filing fee — Enter the amount from line 6 of the New York State filing fee worksheet in the instructions for Form IT-204-LL (make check or money order for the full amount of the required filing fee payable to NYS LLC/LLP Fee; write your employer identification number and 2003 filing fee on the remittance and staple it to the top of this form) 3.
Part	t III Disregarded entities for federal income tax purposes
4.	SMLLC disregarded entity — Enter the identification number (employer identification number or social security number) of the entity or individual who will be reporting the income or loss
5.	SMLLC disregarded entity filing fee — Enter \$100 on this line (make check or money order for the full amount of the required filing fee payable to NYS LLC/LLP Fee; write your employer identification number and 2003 filing fee on the remittance and staple it to the top of this form)
Cert	ification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.
	Preparer's signature ▼ Preparer's SSN or PTIN Signature of general partner or member Date

File this form with payment within 30 days after the last day of the tax year (see instructions).

Mark X if self-employed

Employer identification number

Date

Sign

here

Mail to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

For private delivery services, see instructions.

preparer's

use only

Address

Firm's name (or yours, if self-employed)



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