



Limited Liability Company/
Limited Liability Partnership
Filing Fee Payment Form

For calendar year 2003 or fiscal year beginning 2003, and ending



Form with fields: Read the instructions, Form IT-204-LL-I, before completing this form. Legal name, Trade name of business, Address, City, village, or post office, State, ZIP code, Principal business activity, Employer identification number, Change of business information, Date business started, 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.

Part I General information

1. Did this entity have any income, gain, loss, or deduction derived from New York sources during the tax year? Yes No

If No, Stop; do not complete the rest of this form. However, an authorized person must still sign the certification below. If Yes, 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
3. LLC/LLP filing fee — Enter the amount from line 6 of the New York State filing fee worksheet

Part 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

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Signature and identification fields for preparer and general partner/member, including SSN/PTIN, EIN, and self-employed status.

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

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

For private delivery services, see instructions.



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