



Limited Liability Company/
Limited Liability Partnership
Filing Fee Payment Form

For calendar year 2005 or fiscal year beginning _____ 2005, 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 1 — 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 2.
• SMLLCs that are disregarded entities for federal income tax purposes, complete Part 3.

Part 2 — Partnerships for federal income tax purposes (and disregarded entities with more than one member)

2 Enter the total number of members or partners of this entity as of the last day of its tax year (see instructions) 2.
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 2005 filing fee on the remittance and staple it to the top of this form) 3.

Part 3 — Single-member 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 4.
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 2005 filing fee on the remittance and staple it to the top of this form) 5.

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 section with fields: Paid preparer's use only (Preparer's signature, Firm's name, Address), Preparer's SSN or PTIN, Employer identification number, Date, Mark X if self-employed, Sign here (Signature of general partner, Date, Daytime phone number).

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 22076, ALBANY NY 12201-2076.
For private delivery services, see instructions.

