

E-mail:

Partnership, Limited Liability Company, and Limited Liability Partnership IT-204-LL Limited Liability Partnership

	Filing Foo Pay	mont Form	For calendar year 20	011 or fiscal year		
	Filing Fee Pay	IIIEIIL FOIIII	beginning	and ending		
Print or type	Legal name			Identification number (see instructions)		
	Trade name of business if different from legal name above			Change of business information		
				Mark X here if you have changed your mailing		
	Address (number and street or rural route)			address and have not previously notified us (see instr.		
	City, village, or post office State ZIP code			ss started		
	only, timege, or post office	2 0000	()	son's telephone number		
	Principal business activity		,	-digit special condition	•	
Mark	an $oldsymbol{X}$ in the box identifying the entity for whic	h you are filing this form (mark	only one box):			
	Regular partnership Limited liabilit	ry company (LLC) or limited lia	ability partnership (LLF	P)		
Part	1 - General information (mark an X in the	appropriate box)				
1 Did th 2 Did 3 Has If you Part: 4 Ente th	this entity have any income, gain, loss, or dene tax year? (see instructions)	eduction derived from New You named a New York State during the la ntrolling interest in the entity of the towe a fee. Do not file this for the treated as partnerships are York source gross income we propriate filing fee table in the in-	st three years?	Yes ars? Yes	No No No No No No No No	
Part :	3 - LLCs that are disregarded entities	s for federal income tax p	ourposes			
	disregarded entity: Enter the identification number the entity or individual who will be reporting the	` '				
1	C disregarded entity NYS filing fee — Enter Make check or money order for \$25 payable and 2011 filing fee on the remittance and sta	to NYS filing fee ; write your	_	7.	00	
	fication: I certify that all information containe	d on this form is true and cor	rect to the best of my	knowledge and belief.		
	Paid preparer must complete (see instructions) ▼	Date:		Sign here ▼		
•	parer's signature	► Preparer's NYTPRIN	Signature of general part	ner		
Firm	's name (or yours, if self-employed)	▼ Preparer's PTIN or SSN				
Add	ress	Employer identification number	Date	▼ Daytime phone number	er	
		Mark an X if	_ 4.0			

File this form with payment within 60 days after the last day of the tax year (see instr.). Mail to: STATE PROCESSING CENTER, PO BOX 22076, ALBANY NY 12201-2076. For private delivery services, see instructions.

