

Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form For calendar year 2012 or fiscal year

IT-204-LL

and ending

Legal name		Identification number (see instruction	ons)	
Trade name of business if different from legal name above		Change of business information	Change of business information	
		-		
Address (number and street or rural route)		address and have not previously no	, ,	
		Date business started		
City, village, or post office Sta	ate ZIP code	Contact person's telephone numb	ber	
Principal business activity		Enter your 2-digit special condition	on 🖂	
		code if applicable (see instructions		
Mark an X in the box identifying the entity for whic	h you are filing this form (mark onl	y one box):		
Regular partnership Limited liabili	ity company (LLC) or limited liabili	ity partnership (LLP)		
Part 1 — General information (mark an X in the	e appropriate box(es))			
 Mark applicable box(es): Amended Form 1 Did this entity have any income, gain, loss, or do the tax year? (see instructions) 2 Did this entity have an interest in real property in 3 Has there been a transfer or acquisition of the cool of you answered No to question 1, stop; you do not be a start of the tax in the tax year? 	eduction derived from New York s n New York State during the last t ontrolling interest in the entity durin	bources during 	No No No No No No No No No	
Part 2 — Partnerships, and LLCs and LLP		r federal income tax purposes		
4 Enter the amount from line 15, column B, of the No.				
the instructions	e e e e e e e e e e e e e e e e e e e		.00	
5 NYS filing fee — Enter the amount from the ap Make check or money order for the line 5 amo EIN and 2012 filing fee on the remittance and	ount payable to NYS filing fee; w		.00	
Part 3 — LLCs that are disregarded entitie	s for federal income tax pur	poses		
6 LLC disregarded entity: Enter the identification numl	•	•		
of the entity or individual who will be reporting the	```			
7 LLC disregarded entity NYS filing fee - Enter	er 25 on this line		.00	
Make check or money order for \$25 payable	to NYS filing fee; write your EIN	or SSN		
and 2012 filing fee on the remittance and su	Ibmit it with this form.			
Certification: I certify that all information containe		· ·	t.	
▼ Paid preparer must complete (see instr.) ▼	Date	▼ Sign here ▼		
Preparer's signature	Preparer's NYTPRIN Sig	nature of general partner		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN			
Address	Employer identification number	te Daytime phone nun	nber	
	Mark an X if	()		

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 15150, ALBANY NY 12212-5150.** For private delivery services, see instructions.

E-mail:

 \Box

self-employed



E-mail: