



New York State Department of Taxation and Finance

**Partnership, Limited Liability Company, and
Limited Liability Partnership
Filing Fee Payment Form****IT-204-LL**

For calendar year 2014 or fiscal year

beginning and ending

Legal name	Identification number (see instructions)
Trade name of business if different from legal name above	Change of business information <input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instr.)
Address (number and street or rural route)	Date business started
City, village, or post office State ZIP code	Contact person's telephone number ()
Principal business activity	Enter your 2-digit special condition code if applicable (see instructions)..... <input type="text"/>

Mark an **X** in the box identifying the entity for which you are filing this form (mark only **one** box):☐ Regular partnership ☐ Limited liability company (LLC) or limited liability partnership (LLP)**Part 1 — General information** (mark an **X** in the appropriate box(es))Mark applicable box(es): ☐ Amended Form IT-204-LL ☐ Refund ☐ Final Form IT-204-LL (see instructions)

- 1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the tax year? (see instructions) Yes ☐ No ☐
- 2 Did this entity have an interest in real property in New York State during the last three years? Yes ☐ No ☐
- 3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years? Yes ☐ No ☐

If you answered **No** to question 1, **stop**; you do not owe a fee. Do not file this form.**Part 2 — Partnerships, and LLCs and LLPs treated as partnerships for federal income tax purposes**

- 4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions **4**00
- 5 **NYS filing fee** — Enter the amount from the appropriate filing fee table in the instructions **5**00
Make check or money order for the line 5 amount payable to **NYS filing fee**; write your EIN and **2014 filing fee** on the remittance and submit it with this form.

Part 3 — LLCs that are disregarded entities for federal income tax purposes

- 6 LLC disregarded entity: Enter the identification number (EIN or SSN) of the entity or individual who will be reporting the income or loss **6**
- 7 **LLC disregarded entity NYS filing fee** — Enter **25** on this line **7**00
Make check or money order for \$25 payable to **NYS filing fee**; write your EIN or SSN and **2014 filing fee** on the remittance and submit it with this form.

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

▼ Paid preparer must complete (see instr.) ▼		▼ Sign here ▼	
Preparer's signature	Date	Signature of general partner	
Firm's name (or yours, if self-employed)	Preparer's NYTPRN		
Address	Preparer's PTIN or SSN	Date	Daytime phone number ()
	Employer identification number	E-mail:	
	NYTPRN excl. code		
E-mail:			

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 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services*.

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