



Department of Taxation and Finance

Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form

IT-204-LL

For calendar year 2016 or tax year beginning 16 and ending

Form with fields for Legal name, Identification number, Trade name, Change of business information, Address, Date business started, City, State, ZIP code, Contact person's telephone number, and Principal business activity.

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 2016 tax year?
2 Did this entity have an interest in real property in New York State during the last three years?
3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years?

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
5 NYS filing fee - Enter the amount from the appropriate filing fee table in the instructions

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
7 LLC disregarded entity NYS filing fee - Enter 25 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.

Form for Paid preparer must complete (see instr.) with fields for Preparer's signature, Date, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, NYTPRN excl. code, and E-mail.

Form for Sign here with fields for Signature of general partner, Date, Daytime phone number, and E-mail.

File this form with payment on or before the 15th day of the third month following the close of your tax year (see instructions).

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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