

Partnership, Limited Liability Company, and Limited Liability Partnership For calendar year 2023 Filing Fee Payment Form

IT-204-LI	
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For calendar year 2023 or tax year

Filing Fee P	ayment Form	beginning	23 and ending		
Legal name		Identifi	ication number (see instructions)		
Trade name of business if different from legal name	above	Change of business information			
Address (number and street or rural route)			Mark X here if you have changed your mailing address and have not previously notified us (see instr.)		
		Date b	ousiness started		
City, village, or post office	State ZIP code	Contac (ct person's telephone number)		
Principal business activity			your 2-digit special condition if applicable (see instructions)		
Mark an X in the box identifying the entity for v	which you are filing this form (man	k only one box):			
Regular partnership Limited lia	ability company (LLC) or limited l	iability partnership	(LLP)		
Part 1 – General information (mark an X in	the appropriate box(es))				
Mark applicable box(es) (see instructions):	Amended Form IT-204-LL	Refun	id Final Form IT	Γ-204-I I	
1 Did this entity have any income, gain, loss, of the 2023 tax year? (see instructions)	or deduction derived from New Yo	ork sources during		No 🗆	
2 Did this entity have an interest in real proper3 Has there been a transfer or acquisition of the	•	•		No D	
Part 2 – Partnerships, and LLCs and Ll	Ps treated as partnerships	for federal inco	ome tax purposes		
 LLCs that are disregarded entities for feder 4 Enter the amount from line 15, column B, of the instructions 5 NYS filing fee – Enter the amount from the answer 	the New York source gross incom	me worksheet in	4	.00	
Part 3 – LLCs that are disregarded enti	ties for federal income tax r	nurnoses			
LLC disregarded entity: Enter the identification of the entity or individual who will be reporting	number (EIN or SSN)	, ai poses			
7 LLC disregarded entity NYS filing fee – Ente	er 25 on this line		7	.00	
Part 4 – Payment amount					
8 Payment amount (from line 5 or line 7; see ins	tructions)		8	.00	
Certification: I certify that all information conta	ained on this form is true and cor	rect to the best of	my knowledge and belief.		
▼ Paid preparer must complete (see instr.)	▼ Date		▼ Sign here ▼		
Preparer's signature	Preparer's NYTPRIN	Signature of general	partner		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN				
Address	Employer identification number	Date	Daytime phone number		
	NYTPRIN excl. code	Email:			
Email:					

For filing information, see When to file in the instructions. For mailing address, see Where to file in the instructions.

