



Department of Taxation and Finance

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

IT-204-LL

For calendar year 2025 or tax 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) (see instructions): ☐ Amended Form IT-204-LL ☐ Refund ☐ Final Form IT-204-LL**1** Did this entity have any income, gain, loss, or deduction derived from New York sources during the 2025 tax year? (see instructions) Yes ☐ No ☐If you answered **No**, **stop**; you do not owe a fee. Do not file this form.**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 ☐**Part 2: Partnerships and LLCs and LLPs treated as partnerships for federal income tax purposes****LLCs that are disregarded entities for federal income tax purposes:** Skip Part 2 and continue with Part 3.**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**

Enter information for the entity or individual who will be reporting the income or loss on lines 6a and 6b:

6a Enter the name of the entity or individual ... **6b** Enter the identification number (EIN or SSN) of the entity or individual **7** LLC disregarded entity NYS filing fee – Enter **25** on this line **Part 4: Payment amount****8** Payment amount (from line 5 or line 7; see instructions) **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.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
Address	Employer identification number
	NYTPRIN excl. code
Email:	

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
Email:	

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

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