New York State Department of Taxation and Finance

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

IT-204-LL

2011

For calendar year 2011 or fiscal year beginning 01-01-2012 and ending 12-31-2012

Print or type		
Legal name TEST V-1203		Identification number *(see instructions)* 115365906
Trade name of business if different from legal name above LL Industries		Change of business information ☐ 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)* 1203 State Campus		Date business started 04-15-2007
City, village, or post office Albany	State NY ZIP code 12227	Contact person's telephone number (518) 555-1212
Principal business activity Lawn Service		Enter your **2-digit special condition code if applicable** *(see instructions)* ..... ● E3

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)*

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.**

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 ***2011 filing fee*** on the remittance and staple it to the top of 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.** TF0002207

7 LLC disregarded entity NYS filing fee — Enter ***25*** on this line **7.** 25 **00**

Make check or money order for $25 payable to ***NYS filing fee***; write your EIN or SSN and ***2011 filing fee*** on the remittance and staple it to the top of 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 instructions)* ▼	Date: 02-02-2013
Preparer's signature ▶Mrs. V-1203	▶ Preparer's NYTPRIN 85795627
Firm's name *(or yours, if self-employed)* Test Takers	▼ Preparer's PTIN or SSN 317441520
Address Broadway	● Employer identification number 862411209
New York,NY 11111	Mark an ***X*** if self-employed ☒
E-mail: paid-preparer@pp.com	

▼ **Sign here** ▼	
Signature of general partner ▶William Cummings	
Date 02-02-2013	▼ Daytime phone number 518 555-1212
E-mail: general-partner@gp.com	

Electronic Authorization
Effective Date: 2013-02-07

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 22076, ALBANY NY 12201-2076.**
For private delivery services, see instructions.

Note to Software Vendor-Include the following information;
Account is a Checking Account Type and there is an ACH debit

2401110094

Please file this original scannable form with the Tax Department.

There is a preparer declaration only BNK_ACCT_ACH_IND: Personal
ABA_NUMBER: 021000322 BANK_ACCT_NUMBER:6542011001BAN1002