



## Department of Taxation and Finance

### Partnership MeF Acceptance Testing for Tax Year 2015

---

**TEST NUMBER: 1501**

**Forms Included:** IT-204-LL

**Test Notes:** Partnership/LLC/LLP Filing Fee

**Return specific information:** EIN 002xx1501 is a regular partnership with a tax year beginning 1/1/2015 and ending 11/30/2015. This entity began business 5/1/2007 and is filing a final IT-204-LL. New York source gross income is \$4,850,000. Calculate and pay the appropriate filing fee. Payment is to be made from business checking account #6542011001BAN2202, Routing #021000322, payment date 1-13-2016.

The attached form should not be considered to be complete. You must complete the return as required to successfully e-file. Paid-preparer information is provided. You must include complete preparer information.

\*Software vendors will be provided with a two-digit sequence to replace "xx" in the ID field. Vendors will be notified by e-mail.

**Self-filer information:** If your software only supports "self-filed" returns, omit the paid-preparer information shown on the form and use the following self-filer information: Rocky Rhoades, e-mail [R.RHOADES@FANTASTIC.COM](mailto:R.RHOADES@FANTASTIC.COM), phone 518-468-1234, sign date 1/13/2016

Revisions: None



Department of Taxation and Finance

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

# IT-204-LL

For calendar year 2015 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 <b>X</b> 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 <b>2-digit special condition code if applicable</b> (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 **2015 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 **2015 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.

<b>▼ Paid preparer must complete (see instr.) ▼</b>		Date
Preparer's signature	Preparer's NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRN excl. code	
E-mail:		

<b>▼ Sign here ▼</b>	
Signature of general partner	
Date	Daytime phone number (      )
E-mail:	

File this form with payment within 60 days after the last day of the 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.*