



New York State Department of Taxation and Finance

Partnership MeF Acceptance Testing System for Tax Year 2014

TEST NUMBER: 5011

Forms Included: IT-204-LL

Test Notes: Partnership/ LLC/ LLP filing fee

Return specific information: EIN 002xx5011* is a calendar year filer, Special Condition Code B5. Entity is a LLC which began business 05-06-2007, filing a final IT-204-LL. New York source gross income \$6,500,000. Calculate and pay filing fee. The attached form should not be considered complete. You must complete the return as required, paid preparer information is provided.

Payment is to be made from a business checking account. Account #6542011001Ban2202, Routing# 021000322, payment date 02-25-2015.

Self-filer information: If your software only supports “self-filed” returns, omit the paid-preparer information shown on the IT-204-LL and use the following general partner information:

Partner: Virginia Hamm
Phone: 518-555-1212
Sign Date: 2-16-2015
E-mail: VIRGINIAHAMM@5011PART.COM

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

Revisions: 12/4/2014- Updated self-filer information on IT-204-LL and cover sheet.

Address any questions via e-mail to Partnership.MeF@tax.ny.gov

Partnership MeF publications and forms: http://www.tax.ny.gov/pit/efile/partnership_publications_2014.htm

Current Schema and State Spreadsheet available at: http://www.tax.ny.gov/pit/efile/swd_partnership.htm



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

IT-204-LL

For calendar year 2014 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	
Address (number and street or rural route)	<input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instr.)	
	Date business started	
City, village, or post office	State	ZIP code
Principal business activity	Contact person's telephone number	
	Enter your 2-digit special condition code if applicable (see instructions)..... []	

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 **2014 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 **2014 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.

▼ Paid preparer must complete (see instr.) ▼		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:		

▼ Sign here ▼	
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 instr.).
Mail to: **STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services.*

240001140099

