For office u	use or	ıly
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New York State Department of Taxation and Finance

Limited Liability Company/ Limited Liability Partnership

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	For calendar year 2004 or fisc	al year beginning	2004	, and ending,
	Read the instructions, Form IT-204-LL-I,	before completing the	his form.	Employer identification number
	Legal name			
				Change of business information
type	Trade name of business if different from leg	gal name above		Mark <i>X</i> here if you have changed your mailing address and have not
Print or	Address (number and street or rural route)			previously notified us (see instructions)
ā	City, village, or post office	State	ZIP code	Date business started
	Principal business activity			Contact person's telephone number

This form must be filed for limited liability companies (LLCs) and limited liability partnerships (LLPs) that are treated as partnerships for federal income tax purposes and single-member LLCs (SMLLCs) that are treated as disregarded entities for federal income tax purposes. Do **not** file this form for an LLC or LLP that has elected to be treated as a corporation for federal income tax purposes.

Part I — General information

1	Did this entity have any income, gain, loss, or deduction derived from New York sources during	
	the tax year? (see instructions) Yes No	

- If *No*, **stop**; do not complete the rest of this form. However, an authorized person must still sign the certification below. If *Yes*, complete the form as follows:
- LLCs and LLPs that are treated as partnerships for federal income tax purposes, complete Part II.
- SMLLCs that are disregarded entities for federal income tax purposes, complete Part III.

Part II — Partnerships for federal income tax purposes

2004

	nter the total number of members or partners of this entity as of			
	the last day of its tax year (see instructions)			
3 LL	C/LLP filing fee — Enter the amount from line 6 of the New York State filing fee worksheet in the]		
	instructions for Form IT-204-LL (make check or money order for the full amount of the required filing fee			
1	payable to NYS LLC/LLP Fee; write your employer identification number and 2004 filing fee on the remittance			
i	and staple it to the top of this form)	3		

Part III — Disregarded entities for federal income tax purposes

4	SMLLC disregarded entity — Enter the identification number		
	(employer identification number or social security number) of		
	the entity or individual who will be reporting the income or loss 4.		
5	SMLLC disregarded entity filing fee — Enter \$100 on this line (make check or money		 -
	order for the full amount of the required filing fee payable to NYS LLC/LLP Fee; write your employer		
	identification number and 2004 filing fee on the remittance and staple it to the top of this form)	5.	

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Paid preparer's use only	Preparer's signature Firm's name (or yours, if self-employed)	Preparer's SSN o Employer identi	SN or PTIN entification number		Sign	Signature of general partner or member	Date
Address			Mark <i>an X</i> if self-employed	n	nere		

File this form with payment within 30 days after the last day of the tax year *(see instructions).* Mail to: **STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.** For private delivery services, see instructions.

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IT-204-LL



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