

Department of Taxation and Finance

mpany and IT-204-LL

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

For calendar year 2020 or tax year beginning 20 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)			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			Contact person's telephone number ()				
Principal business activity				Enter your 2-digit special condition code if applicable (see instructions)			
Mark an X in the box identifying the		•	-	•			
Regular partnership	Limited liability company (LLC	C) or limited li	iability partne	ership (LLP)			
Part 1 – General information (n	nark an X in the appropriate box(e	s))					
 Mark applicable box(es) (see instruction 1 Did this entity have any income, good the 2020 tax year? (see instruction If you answered No, stop; you 2 Did this entity have an interest in a Has there been a transfer or acquired 	pain, loss, or deduction derived ons)u do not owe a fee. Do not file real property in New York State	from New You this form. during the la	ork sources of	ars?	Yes 🔲	No No No	
Part 2 – Partnerships, and LLC							
LLCs that are disregarded entities	<u>-</u>						
4 Enter the amount from line 15, column the instructions	lumn B, of the New York source	e gross incor	ne workshee			.00	
E NVC filing for Enter the amount	from the appropriate filing for	table in the i	natruationa	-		00	
5 NYS filing fee – Enter the amount				5		.00	
Part 3 – LLCs that are disregar			ourposes				
6 LLC disregarded entity: Enter the id of the entity or individual who will	•	· —					
7 LLC disregarded entity NYS filing fee – Enter 25 on this line				7		.00	
Part 4 – Payment amount							
8 Payment amount (from line 5 or line 7)				8 EIN or		.00	
Certification: I certify that all inform	ation contained on this form is	true and cor	rect to the be	est of my know	ledge and belief.		
▼ Paid preparer must complete (see instr.) ▼ Date			▼ Sign here ▼				
Preparer's signature	Preparer's NY	TPRIN	Signature of g	general partner			
Firm's name (or yours, if self-employed)	Preparer's PTIN or	r SSN					
Address	Employer identifica	ation number	Date		Daytime phone number		
	NYTPF excl. co		Email:		()		
Email:	CAGI. O						

File this form with payment on or before the 15th day of the third month following the close of your tax year (see instructions).

Mail to: STATE PROCESSING CENTER, PO BOX 15310, ALBANY NY 12212-5310.

For private delivery services, see Publication 55, Designated Private Delivery Services.

