



Department of Taxation and Finance

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

IT-204-LL

For calendar year 2022 or tax 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)..... <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) (see instructions): Amended Form IT-204-LL Refund Final Form IT-204-LL

1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the 2022 tax year? (see instructions) Yes No

If you answered **No**, **stop**; you do not owe a fee. Do not file this form.

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

Part 2 – Partnerships, and LLCs and LLPs treated as partnerships for federal income tax purposes

LLCs that are disregarded entities for federal income tax purposes: Skip Part 2 and continue with Part 3.

4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions

5 NYS filing fee – Enter the amount from the appropriate filing fee table in the instructions

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

7 LLC disregarded entity NYS filing fee – Enter **25** on this line

Part 4 – Payment amount

8 **Payment amount** (from line 5 or line 7)

Make check or money order for the line 8 amount payable to **NYS filing fee**; write your EIN or SSN and **2022 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 NYTPRIN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRIN excl. code	
Email:		

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
Email:	

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.*

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