



Department of Taxation and Finance

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

IT-204-LL

For calendar year 2024 or tax year beginning 24 and ending

Legal name, Identification number, Trade name, Change of business information, Address, 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

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 2024 tax year?
2 Did this entity have an interest in real property in New York State during the last three years?
3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years?

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; see instructions)

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, Preparer's PTIN or SSN, Address, Employer identification number, NYTPRIN excl. code, Email

Sign here Signature of general partner, Date, Daytime phone number, Email

For filing information, see When to file in the instructions.

For mailing address, see Where to file in the instructions.

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