NYS LLC + Partnerships Organizer (IT-204-LL)

Due date: March 15th

CHECK ONE	LLC NAME:				EIN NO:	EIN NO:	
☐ SINGLE MEMBER LLC	TRADE NAME OF BUSINESS IF DIFFERENT FROM LEGAL NAME ABOVE:				CHECK BOX IF TH	CHECK BOX IF THIS IS NEW ADDRESS	
☐ TWO MEMBER	ADDRESS:				DATE BUSINESS STAF	DATE BUSINESS STARTED:	
☐ REGULAR PARTNERSHIP	CITY	S	STATE ZIP		CONTACT PERSON'S I	NAME:	
	PRINCIPAL BUSINESS ACTIVITY:				CONTACT PERSON'S 1	ELEPHONE NUMBER:	
	IF THIS IS THE LAST YEAR OF YOUR BUSINESS, PLEASE CHECK BOX \Box				CONTACT PERSON'S I	CONTACT PERSON'S EMAIL ADDRESS:	
Filing Requirements for LLC, LLP and Partnerships:							
 Every Single Member LLC and Multi-member LLC or LLP that has income, gain or loss from NYS sources. Every Partnership whose NYS source gross income is equal or greater than \$1 million. 							
• The filing fee varies from \$25 (Single member LLC) up to \$4,500 (multi-member LLC or LLP). The fee must be paid by direct withdrawal from your bank account when e-filing Form IT-204-LL.							
paid by anote withdrawar from your bank account when c-ining 1 offit 11-204-LL.							
Bank Account Info BANK'S NAME >							
	BAI	(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)					
	BANK ACCOUNT NO. >						
				G SAVINGS AL BUSINESS		Please Initial	
Credit Card Info							
I will pay by:			•		, \$350 for two-m le with your requ		
☐ Credit Card							
		CARD NUMBER	٦			EXP. DATE	
	YOUR SECURITY CODE > FOR VISA / MC / DISCOVER -	OFOURITY 22-	X				
	THE LAST 3 DIGITS ON THE BACK OF YOUR CARD FOR AMERICAN EXPRESS -	SECURITY CODE	SIGNATI	JKE			
	THE 4 DIGITS ON RIGHT SIDE OF	PRINT NAME ON	CARD				

THE FRONT OF THE CARD