

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

Due date: March 15th

CHECK ONE	LLC NAME:	EIN NO:
<input type="checkbox"/> SINGLE MEMBER LLC	TRADE NAME OF BUSINESS IF DIFFERENT FROM LEGAL NAME ABOVE:	<input type="checkbox"/> CHECK BOX IF THIS IS NEW ADDRESS
<input type="checkbox"/> MULTI-MEMBER	ADDRESS:	DATE BUSINESS STARTED:
<input type="checkbox"/> REGULAR PARTNERSHIP	CITY STATE ZIP	CONTACT PERSON'S NAME:
	PRINCIPAL BUSINESS ACTIVITY:	CONTACT PERSON'S TELEPHONE NUMBER:
	IF THIS IS THE LAST YEAR OF YOUR BUSINESS, PLEASE CHECK BOX <input type="checkbox"/>	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.

Bank Account Info

BANK'S NAME > _____

BANK ROUTING NO. > _____
(9-DIGIT NUMBER ON BOTTOM LEFT CORNER OF YOUR CHECK, OR ASK YOUR BANK)

BANK ACCOUNT NO. > _____

CHECKING SAVINGS
 PERSONAL BUSINESS

Please Initial

Credit Card Info

I will pay by: _____

Check - Date sent: _____

Credit Card

Our fee is \$140 for single member LLC, \$175 for multi-member LLCs and Regular Partnerships, payable with your request to us.

YOUR SECURITY CODE >
FOR VISA / MC / DISCOVER -
THE LAST 3 DIGITS ON THE
BACK OF YOUR CARD
FOR AMERICAN EXPRESS -
THE 4 DIGITS ON RIGHT SIDE OF
THE FRONT OF THE CARD

_____ _____
CARD NUMBER EXP. DATE

_____ X _____
SECURITY CODE SIGNATURE

PRINT NAME ON CARD