



Department of Taxation and Finance

Partnership MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1512A-1512F Forms Included: IT-204-LL

Test Notes: Multiple IT-204-LL to test address formatting and foreign address compliance.

Return specific information: These scenarios are to confirm your software will accommodate the different address situations covered on pages 4-6 of Publication 97 *New York State Partnership Modernized e-file (MeF) Guide for Software Developers For Tax Year 2015*. Scenarios included in this test:

1512A includes more than 30 characters and must be correctly split between address fields.

1512B includes exactly 30 characters.

Test 1512C includes an "In care of" and must be correctly split between address fields.

1512D is less than 30 characters.

Tests 1512E is a Canadian address.

1512F is a foreign (non-Canadian) address.

You must successfully complete these address tests prior to software approval.

The included forms are for a "Disregarded entity". Should your software not support disregarded entities, file your returns as a LLC/LLP treated as a partnership for federal purposes. Use a value of \$50,000 for IT-204-LL line 4, a line 5 payment amount of \$25, and remove lines 6-7. Payment for all forms is to be made from personal savings account #6542011001BAN2202, Routing #021000322, payment date 2-25-2016.

*Software vendors will be provided with a two-digit sequence to replace "xx" in the ID field. Vendors will be notified by e-mail.

Self-filer information: If your software **only** supports "self-filed" returns, omit the paid-preparer information shown on the form and use the following self-filer information: Sam Francisco, e-mail SamFrancisco@compuserve.com, phone 518-519-0018, sign date 2/25/2016. If you send as a "self-filed" return you must note this in your submission notification email.

Revisions: None at this time.



Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal year beginning and ending

Legal name	Identification number (see instructions)
Trade name of business if different from legal name above	Change of business information <input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instr.)
Address (number and street or rural route)	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)..... <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): Amended Form IT-204-LL Refund Final Form IT-204-LL (see instructions)

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

If you answered **No** to question 1, **stop**; you do not owe a fee. Do not file this form.

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

4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions **4** .00

5 **NYS filing fee** – Enter the amount from the appropriate filing fee table in the instructions **5** .00
Make check or money order for the line 5 amount payable to **NYS filing fee**; write your EIN and **2015 filing fee** on the remittance and submit it with this form.

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 **6**

7 **LLC disregarded entity NYS filing fee** – Enter **25** on this line **7** .00
Make check or money order for \$25 payable to **NYS filing fee**; write your EIN or SSN and **2015 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 NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRN excl. code	
E-mail:		

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
E-mail:	

File this form with payment within 60 days after the last day of the tax year (see instructions).
Mail to: **STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services.*

240001150099





Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal year beginning and ending

Form with fields for Legal name, Identification number, Trade name, Change of business information, Address, Date business started, City, State, ZIP code, Contact person's telephone number, and Principal business activity.

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): Amended Form IT-204-LL, Refund, Final Form IT-204-LL (see instructions)

- 1 Did this entity have any income, gain, loss, or deduction derived from New York sources during the 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? ..

If you answered No to question 1, stop; you do not owe a fee. Do not file this form.

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

- 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

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Form for Paid preparer must complete (see instr.) with fields for Preparer's signature, Date, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, NYTPRN excl. code, and E-mail.

Form for Sign here with fields for Signature of general partner, Date, Daytime phone number, and E-mail.

File this form with payment within 60 days after the last day of the tax year (see instructions). Mail to: STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.

240001150099





Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal 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): Amended Form IT-204-LL Refund Final Form IT-204-LL (see instructions)

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

If you answered **No** to question 1, **stop**; you do not owe a fee. Do not file this form.

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

4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions **4** .00

5 **NYS filing fee** – Enter the amount from the appropriate filing fee table in the instructions **5** .00
Make check or money order for the line 5 amount payable to **NYS filing fee**; write your EIN and **2015 filing fee** on the remittance and submit it with this form.

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 **6**

7 **LLC disregarded entity NYS filing fee** – Enter **25** on this line **7** .00
Make check or money order for \$25 payable to **NYS filing fee**; write your EIN or SSN and **2015 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 NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRN excl. code	
E-mail:		

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
E-mail:	

File this form with payment within 60 days after the last day of the tax year (see instructions).
Mail to: **STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services.*

240001150099





Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal year beginning and ending

Legal name	Identification number (see instructions)
Trade name of business if different from legal name above	Change of business information <input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instr.)
Address (number and street or rural route)	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)..... <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): Amended Form IT-204-LL Refund Final Form IT-204-LL (see instructions)

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

If you answered **No** to question 1, **stop**; you do not owe a fee. Do not file this form.

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

4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions **4** .00

5 **NYS filing fee** – Enter the amount from the appropriate filing fee table in the instructions **5** .00
Make check or money order for the line 5 amount payable to **NYS filing fee**; write your EIN and **2015 filing fee** on the remittance and submit it with this form.

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 **6**

7 **LLC disregarded entity NYS filing fee** – Enter **25** on this line **7** .00
Make check or money order for \$25 payable to **NYS filing fee**; write your EIN or SSN and **2015 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 NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRN excl. code	
E-mail:		

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
E-mail:	

File this form with payment within 60 days after the last day of the tax year (see instructions).
Mail to: **STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services.*

240001150099





Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal year beginning and ending

Form with fields for Legal name, Identification number, Trade name, Change of business information, Address, Date business started, City, State, ZIP code, Contact person's telephone number, and Principal business activity.

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): 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 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?

If you answered No to question 1, stop; you do not owe a fee. Do not file this form.

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

- 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

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

Form for Paid preparer must complete (see instr.) with fields for Preparer's signature, Date, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, NYTPRIN excl. code, and E-mail.

Form for Sign here with fields for Signature of general partner, Date, Daytime phone number, and E-mail.

File this form with payment within 60 days after the last day of the tax year (see instructions). Mail to: STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.

240001150099





Department of Taxation and Finance

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

IT-204-LL

For calendar year 2015 or fiscal year beginning and ending

Legal name	Identification number (see instructions)
Trade name of business if different from legal name above	Change of business information <input type="checkbox"/> Mark X here if you have changed your mailing address and have not previously notified us (see instr.)
Address (number and street or rural route)	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)..... <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): Amended Form IT-204-LL Refund Final Form IT-204-LL (see instructions)

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

If you answered **No** to question 1, **stop**; you do not owe a fee. Do not file this form.

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

4 Enter the amount from line 15, column B, of the *New York source gross income worksheet* in the instructions **4** .00

5 **NYS filing fee** – Enter the amount from the appropriate filing fee table in the instructions **5** .00
Make check or money order for the line 5 amount payable to **NYS filing fee**; write your EIN and **2015 filing fee** on the remittance and submit it with this form.

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 **6**

7 **LLC disregarded entity NYS filing fee** – Enter **25** on this line **7** .00
Make check or money order for \$25 payable to **NYS filing fee**; write your EIN or SSN and **2015 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 NYTPRN	
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRN excl. code	
E-mail:		

▼ Sign here ▼	
Signature of general partner	
Date	Daytime phone number ()
E-mail:	

File this form with payment within 60 days after the last day of the tax year (see instructions).
Mail to: **STATE PROCESSING CENTER, PO BOX 4148, BINGHAMTON NY 13902-4148.**
For private delivery services, see Publication 55, *Designated Private Delivery Services.*

240001150099

