CT-6
(5/02)

New York State Department of Taxation and Finance

Election by a Federal S Corporation to be Treated As a New York S Corporation

Employer identification number	This election is to be effective for the tax year beginning (MM/DD/YYYY)	*For office use only*
Legal name of corporation	Check box if federal election is pending ☐	*Date received*
DBA or trade name (*if any)*	Telephone number ( )	
Mailing address c/o	State of incorporation / Date of incorporation	
Number and street or PO box	Date began business in New York State	
City / State / ZIP code	Number of shares issued and outstanding *(from federal Form 2553)*	
The federal election to treat the corporation as an S corporation is effective for the tax year beginning	Total number of shareholders	Number of shareholders who are nonresidents of New York State

If your tax year is not a calendar year, indicate the month and day your tax year ends _____

Shareholders' unanimous consent and individual affirmation: By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder *(include ZIP code)*	**B** Social security number or employer identification number	**C** Stock owned: Number of shares	**C** Stock owned: Date acquired	**D** Shareholder's signature *(see instructions)* For this election to be valid, all shareholders must signify consent by signing below.

Certification. I certify that this election and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of elected officer or authorized person	Official title	Date

Paid preparer use only			
Firm's name *(or yours if self-employed)*		ID number	Date
Address	Telephone number ( )	Signature of individual preparing this election	

Mail this form to:

NYS TAX DEPARTMENT, CORPORATION TAX REGISTRATION, BUILDING 8, W A HARRIMAN CAMPUS, ALBANY NY 12227