



Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60

For period ended

Legal name of corporation

Employer identification number (EIN)

Attach to Form CT-3, CT-3-A, or CT-3-S.

Schedule A – Federal S corporation information *(see instructions)*

Part 1 – QSSS inclusion *(see instructions)*

Name and address of QSSS	Effective date of federal QSSS election <i>(mm-dd-yy)</i>	Federal EIN or temporary filing (TF) number of QSSS	Federal EIN or TF number of QSSS parent

Part 2 – QSSS elective inclusion *(see instructions)*

Name and address of QSSS	Effective date of federal QSSS election <i>(mm-dd-yy)</i>	Federal EIN or TF number of QSSS	Federal EIN or TF number of QSSS parent

478001170094



Part 3 – 1120S shareholder information (see instructions)

1 Amount of distributions as shown on federal Form 1120S, Schedule K, line 16d and/or 17c..... • **1**

Name and address of shareholder	Shareholder EIN or SSN(s)

Schedule B – Other related entities (see instructions)

Part 1

- 2 If the activities of any of the following impact your federal return, mark an **X** for all that apply:
 QSSS • Captive REIT or RIC • Combinable captive insurance company • Partnership •
 Disregarded entity • Tax-exempt DISC • SMLLC •
- 3 If any of your subsidiaries are incorporated outside of New York State, mark an **X** in the box • **3**
- 4 If you filed a consolidated federal return, mark an **X** in the box and complete lines 4a through 4d • **4**
- 4a Number of corporations included in federal consolidated group(s) • **4a**
- 4b Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD) • **4b**
- 4c Consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • **4c**
- 4d FTI before NOLD of corporations not in federal group(s), but in New York combined group • **4d**

Part 2

- Mark an **X** in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).
- 5 More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by another corporation or by the same interests • **5**
 Name of controlling entity EIN or SSN
 - 6 You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capital stock of another corporation • **6**
 Name of corporation controlled EIN
 - 7 There has been a transfer or acquisition of controlling interest in the entity during the last 3 years • **7**
 Name of transferred or acquired corporation EIN
 - 8 You are a member of an affiliated federal group • **8**
 Name of primary corporation EIN

Part 3 – Entities taxable as partnerships (see instructions)

9 If you are a partner in a partnership, mark an **X** in the appropriate box and enter the required information below ● **9**

Name and address of partnership	Entity method	Separate accounting election		EIN of partnership	EIN or SSN of all tiered partners of partnership
	Mark an X in the box	Mark an X in the box	Date		
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

Part 4 – SMLLCs and tax-exempt DISCs (see instructions)

10 If items of income, gain, loss, deduction, credits, etc. from an SMLLC or a tax-exempt DISC are included in your New York return, mark an **X** in the box and enter the required information below ● **10**

Name and address of SMLLC or tax-exempt DISC	If the SMLLC or tax-exempt DISC generated credits, mark an X in the box	EIN of SMLLC or tax-exempt DISC	EIN or SSN of all tiered members of SMLLC or tax-exempt DISC
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this document		Address		City	State ZIP code
	E-mail address of individual preparing this document			Preparer's NYTPRIN	or	Excl. code Date

