



Department of Taxation and Finance

# Affiliated Entity Information Schedule

# CT-60

For period ended

Legal name of corporation	Employer identification number (EIN)
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Attach to Form CT-3, CT-3-A, or CT-3-S.

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

### Part 1 – Qualified subchapter S subsidiary (QSSS) inclusion – Do not enter the QSSS parent (see instructions)

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

### Part 2 – QSSS elective inclusion – Do not enter the QSSS parent (see instructions)

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

478001220094



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

Table with 2 columns: 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; attach federal Form 851 if applicable:

- QSSS, Captive REIT or RIC, Combinable captive insurance company, Partnership, Disregarded entity, Tax-exempt DISC, SMLLC

3

4 If you filed a consolidated federal return, mark an X in the box and complete lines 4a through 4d..... • 4

Table with 2 columns: Description, Amount (4a-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
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
7 There has been a transfer or acquisition of controlling interest in the entity during the last 3 years
8 You are a member of an affiliated federal group



**Part 3 – Entities taxable as partnerships** (see instructions)

9 If you are a partner in a partnership, mark an **X** in the 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 <b>X</b> in the box	Mark an <b>X</b> in the box	Date		
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**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 <b>X</b> in the box	EIN of SMLLC or tax-exempt DISC	EIN or SSN of all tiered members of SMLLC or tax-exempt DISC
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**Certification:** I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person		Signature of authorized person		Official title	
	Email address of authorized person			Telephone number ( )		Date
<b>Paid preparer use only</b> (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
	Email address of individual preparing this document			Preparer's NYTPRIN	or	Excl. code Date

