



CT-6

(7/07)

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-yy)		For office use only	
Mailing address	Legal name of corporation		Mark an X in the box if federal election is pending..... <input type="checkbox"/>		Date received
	DBA or trade name (if any)		Telephone number ()		
	Mailing name (if different from legal name)		State of incorporation	Date of incorporation	
	C/o		Date began business in New York State		
	Number and street or PO box		Number of shares issued and outstanding (from federal Form 2553)		
City		State	ZIP code		
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

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		D Shareholder's signature (see instructions) For this election to be valid, all shareholders must signify consent by signing below.
		Number of shares	Date acquired	

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

Signature of authorized person		Official title		Date	
Paid preparer use only	Signature of individual preparing this election		Firm's name (or yours if self-employed)		Telephone number ()
	Address	City	State	ZIP code	ID number
					Date

See instructions for where to file.