



New York State Department of Taxation and Finance

# Affiliated Entity Information Schedule

# CT-60-QSSS

For period ended

Legal name of parent corporation

Employer identification number (EIN) of parent corporation

Attach to your franchise tax return, Form CT-3, CT-3-A, CT-3-S, CT-4, CT-32, CT-32-A, or CT-32-S. For each part, attach additional sheets if necessary.

## Part 1 – QSSS required inclusion (see instructions)

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

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

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

478001140094



