Department of Taxation and Finance

CT-60

NEW

YORK ATTIIIATED ENTITY INTO	Affiliated Entity information Schedule												
2020		For period ended											
Legal name of corporation	Employer ident	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 – Qualified subchapter S subsidiary (QSSS) inclusio		S parent (see ins	tructions)										
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 pa	arent (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										

Pai	t 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)
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_	bed to B. Other substant and the state of th	
	hedule B - Other related entities (see instructions)	
	t 1	
2	If the activities of any of the following impact your federal return, mark an X for all that apply; attach federal	al Form 851 if applicable:
	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 \boldsymbol{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	
	Number of corporations included in federal consolidated group(s)	
	Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)	
	Consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c FTI before NOLD of corporations not in federal group(s), but in New York combined group • 4d	
4u	The before NOLD of corporations not in federal group(s), but in New York combined group	
Pai	t 2	
Maı	k 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 an	
	corporation or by the same interests	• <u>5</u>
	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 c	apital 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	
	Name of transferred or acquired corporation	
8	You are a member of an affiliated federal group	
•	Name of primary corporation EIN	



Part 3 – Eı	ntities taxable as partnerships (see in	structions)										
9 If you a	re a partner in a partnership, mark an X in t	he box and	l ent	er t	the	requ	ired i	nforr	nation be	elow		9
	Name and address of partnership	m	method				te accounting election			EIN of partnership		EIN or SSN of all tiered partners
			Mark an X in the box						te			of partnership
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10 If items	MLLCs and tax-exempt DISCs (see instance) of income, gain, loss, deduction, credits, et York return, mark an X in the box and enter	tc. from an										
	Name and address of SMLLC or tax-exemp	t DISC					tax ger	exem	MLLC or opt DISC d credits, in the box		MLLC or npt DISC	EIN or SSN of all tiered members of SMLLC or tax-exempt DISC
									<u> </u> 			
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Certificatio	n: I certify that this document and any attac	hments are	e to t	he	be	st of	my kı	nowle	edge and	l belief tru	ue, corre	ct, and complete.
Authorized	Printed name of authorized person	Signature of								Official title		•
person	Email address of authorized person	1						Tel	ephone nur	nber	D	ate
Paid	Firm's name (or yours if self-employed)						Firm'	s EIN	,		Preparer	's PTIN or SSN
preparer use	Signature of individual preparing this document	Address							City	′	State	ZIP code
only (see instr.)	Email address of individual preparing this document					F	repare	er's N	TPRIN	or Exc	cl. code D	ate

