



Affiliated Entity Information Schedule

For period ended

CT-60

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 – 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)							
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					
	federal QSSS election	federal QSSS number of QSSS election					



Part 3 – 1120S shareholder information (see instructions)

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

 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 a QSSS • Captive REIT or RIC • Combinable captive insurance company • Partners 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	
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4a Number of corporations included in federal consolidated group(s)	
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4b Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)	
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	
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	
Name of controlling entity]
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	
Name of corporation controlled EIN	• 6
	● _6
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	 ● 7
•]



Part 3 – Entities taxable as partnerships (see instructions)

Name and address of partnership	Entity method		method		e accounting election	EIN of partnership	EIN or SSN of all tiered partners of partnership
	Ma	irk an	X	Mark an X in the box	Date		of partnership
	1111						

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

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

Certification: I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.								
Authorized	Printed name of authorized person	Signature of authorized person		Official title				
person	Email address of authorized person	Telephone number ()			Date			
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Prepare	er's PTIN	l or SSN	
preparer use	Signature of individual preparing this document	Address	C	ity	Stat	te	ZIP code	
only (see instr.)	Email address of individual preparing this document	F	Preparer's NYTPRIN	or Exc	I. code	Date		

