Department of Taxation and Finance

**CT-60** 

## NEW YORK STATE

## **Affiliated Entity Information Schedule**

2025 STATE		For period ended
Legal name of corporation	Employer identifi	ication number (EIN)

Attach to Form CT-3, CT-3-A, or CT-3-S.

Part 1 - Qualified subchapter S subsidiary (QSSS) inclusion - Do	o <b>not</b> enter the QSS	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 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

Par	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)
_		
3C	hedule B - Other related entities (see instructions)	
ar	t 1	
2	If the activities of any of the following impact your federal return, mark an <b>X</b> for all that apply; attach federal	al Form 851 if applicable:
	QSSS • Captive REIT or RIC • Combinable captive insurance company •	Partnership •
	D:	
	Disregarded entity • Tax-exempt DISC • SMLLC • SMLLC	
3		
4	If you filed a consolidated federal return, mark an $\boldsymbol{X}$ in the box and complete lines 4a through 4d	
	Number of corporations included in federal consolidated group(s)	
	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	
Par	t 2	
	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	• 5
	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 control in the control in the control indirectly.	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	●	8
9	Name of primary corporation EIN	
	•	



Part 3 – Eı	ntities taxable as partnerships (see ir	nstructions)														
9 If you a	re a partner in a partnership, mark an <b>X</b> in	the box an	d er	nter	the	e re	qui	red info	orm	ation be	low				•	9
																<u>'</u>
	Name and address of partnership		Entineth		8	Sepa	rate	account	ing e	election	١,	EIN of partn			IN or SSI	
		Mark an X Mar				n <b>X</b> Date			е			о. ор		of partne		
		in	the	box T	in t	he b	ОХ							_		
														+		
				<del> </del>										+		
				1										+		
				]												
			Ļ			Щ								$\perp$		
			<u> </u>	<u> </u>										+		
			<u> </u>	<u> </u> 		<u>                                     </u>								+		
			┢	<u> </u>										+		
			Ħ	<u> </u>										+		
				1										+		
					-											
art 4 – SI	MLLCs and tax-exempt DISCs (see in	structions)														
	of income, gain, loss, deduction, credits, e															
New	York return, mark an $oldsymbol{\mathit{X}}$ in the box and ente	r the requir	ed i	info	rma	atio	n b	elow							•	10
	Name and address of SMLLC or tax-exemp	ot DISC								LLC or		IN of SN			EIN or S	
										ot DISC credits,	ta	x-exem <sub> </sub>	pt DISC	) al	I tiered m of SMLL	
										n the box				ta	ax-exemp	
										1				_		
										<u></u>						
										]						
										]						
										]						
										]				+		
										]				+		
										]				+		
										<u>]</u> ]				+		
										]				+		
										1				+		
										<u> </u>						
ertificatio	n: I certify that this document and any attac	chments ar	e to	the	e be	est o	of r	nv kno	wle	dge and	hel	ief true	e cor	rect a	nd com	plete
	ertification: I certify that this document and any attachments are to the best of my knowledge and belief true, cor    Printed name of authorized person   Signature of authorized person   Official title										, 0	50111	,			
Authorized	Frankladdrana of authorized navon	reas of sutherized nersen							Telephone number					Dete		
person	Email address of authorized person								pnone nun )	nber Date			Date			
Paid	Firm's name (or yours if self-employed)							Firm's E	IN	,			Prepar	er's PTI	N or SSN	
preparer	Signature of individual preparing this document	Address								City			Sta		ZIP co	de
use						_								50		
only (see instr.)	Email address of individual preparing this document						Preparer's NYTPRIN					or Excl. code				
(300														<u> </u>		