

[illegible]

Part 1

4a	Number of corporations included in federal consolidated group(s).....	●	4a	
4b	Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD).....	●	4b	
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.....	●	4d	

Part 2

• Name of controlling entity	• EIN or SSN
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Name of corporation controlled	EIN

Name of transferred or acquired corporation	EIN
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Name of primary corporation	EIN
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Part 3 – Entities taxable as partnerships (see instructions)

9 If you are a partner in a partnership, mark an **X** in the box and enter the required information below • **9**

Name and address of partnership	Entity method	Separate accounting election		EIN of partnership	EIN or SSN of all tiered partners of partnership
	Mark an X in the box	Mark an X in the box	Date		
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Part 4 – SMLLCs and tax-exempt DISCs (see instructions)

10 If items of income, gain, loss, deduction, credits, etc. from an SMLLC or a tax-exempt DISC are included in your New York return, mark an **X** in the box and enter the required information below • **10**

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

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	Email address of authorized person			Telephone number ()		Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this document		Address		City	State ZIP code
	Email address of individual preparing this document			Preparer's NYTPRIN	or	Excl. code Date

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