NEW YORK STATE 2023

Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60

For period ended

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)*

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

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Part 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)

Schedule B – Other related entities *(see instructions)*

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 applicable:

QSSS • ☐ Captive REIT or RIC • ☐ Combinable captive insurance company • ☐ Partnership • ☐

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 ..... • **4**

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

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 ..... • **5**

• 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 capital 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 ..... • **7**

• Name of transferred or acquired corporation • EIN

8 You are a member of an affiliated federal group ..... • **8**

• Name of primary corporation • EIN

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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