



# 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 (mm-dd-yy)	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...... •

	Name and address of shareholder	Shareholder EIN or SSN(s)
Sc	hedule B – Other related entities (see instructions)	
Par		
	If the activities of any of the following impact your federal return, mark an <b>X</b> for all that apply; attach federal F	orm 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 <b>X</b> in the box and complete lines 4a through 4d	• 4
4a	Number of corporations included in federal consolidated group(s)	
4b	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	
4d	FTI before NOLD of corporations not in federal group(s), but in New York combined group	
Dar	rt 2	
	k an <b>X</b> in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).	
	More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by anoth	er
	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 capit	tal stock of
	another corporation	
	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	
8	You are a member of an affiliated federal group	
0	Name of primary corporation     EIN	
		,



### Part 3 – Entities taxable as partnerships (see instructions)

Name and address of partnership	Entity method	method		EIN of partnership	EIN or SSN of all tiered partners
	Mark an <b>X</b> in the box	Mark an <b>X</b> in the box	Date		of partnership

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

<ul> <li>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</li></ul>						
Name and address of SMLLC or tax-exempt DISC	If the SMLLC or tax-exempt DISC generated credits, mark an <b>X</b> 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		Prepar	er's PTIN	l or SSN	
preparer use	Signature of individual preparing this document	Address	City Stat		ate	ZIP code		
only (see instr.)	Email address of individual preparing this document		Preparer's NYTPRIN	or Exc	I. code	Date		

