New York State Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60-QSSS

For period ended

Legal name of parent corporation	Employer identification number (EIN) of parent corporation

Attach to your franchise tax return, Form CT-3, CT-3-A, CT-3-S, CT-4, CT-32, CT-32-A, or CT-32-S. For each part, attach additional sheets if necessary.

Part 1 – QSSS required inclusion *(see instructions)*

Name of QSSS	Federal EIN or temporary filing (TF) number of QSSS	Effective date of federal QSSS election *(mm-dd-yy)*

Part 2 – QSSS elective inclusion *(see instructions)*

Name of QSSS	Federal EIN or TF number of QSSS	Effective date of federal QSSS election *(mm-dd-yy)*

478001140094

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

Name and address of partnership	EIN

Part 4 – Disregarded entities *(see instructions)*

Name and address of disregarded entity	EIN

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	
	E-mail 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
	E-mail address of individual preparing this document		Preparer's NYTPRIN	Date

478002140094