



Department of Taxation and Finance

# Election by a Federal S Corporation to be Treated As a New York S Corporation

**CT-6**  
(10/15)

Employer identification number		This election is to be effective for the tax year beginning (retroactive elections: attach federal approval letter; see instr.)		For office use only		
<b>Mailing address</b>	Legal name of corporation		Mark an <b>X</b> in the box if federal election is pending ..... <input type="checkbox"/>		Date received	
	DBA or trade name (if any)		Telephone number ( )			
	Mailing name (if different from legal name)		State of incorporation	Date of incorporation		
	C/o		Date began business in New York State			
	Number and street or PO box		Number of shares issued and outstanding			
City		State	ZIP code			
The federal election to treat the corporation as an S corporation is effective for the tax year beginning			Total number of shareholders		Number of shareholders who are nonresidents of New York State	

Indicate the month and day your tax year ends \_\_\_\_\_

**Shareholders' unanimous consent and individual affirmation:** By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder (include ZIP code)	B Social security number or employer identification number	C Stock owned		D Shareholder's signature (see instructions) For this election to be valid, all shareholders must signify consent by signing below.
		Number of shares	Date acquired	

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

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

**Fax form to: (518) 435-8605 (see instructions)**