

Affiliated Entity Information Schedule

CT-60

| | | |
|---|--------------------------------------|------------------|
| <div> <div> <div>2025</div> <div>STATE</div> </div> <div>  </div> </div> | | 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)

[illegible]**Part 2 – QSSS elective inclusion – Do not enter the QSSS parent (see instructions)**[illegible]

478001250099



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 | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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 |
|--|--|---------------------------------|--|
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

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 |

478003250099

