

New York State Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60-QSSS

		For period ended
Legal name of parent corporation	Employer identit	ication 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)			

Part 3 –	Entities taxable as partnershi	ps (see instructions)					
	Name and address of par	tnership			EIN	I	
Part 4 –	Disregarded entities (see instru	uctions)					
	Name and address of disreg	arded entity			EIN	I	
Certificatio	n: I certify that this document and any attac		ny knowle	edge and belief true Official title	e, corr	ect, and	complete.
Authorized	Printed name of authorized person	Signature of authorized person		Official title			
person	E-mail address of authorized person		Tel	ephone number		Date	
Paid	Firm's name (or yours if self-employed)		Firm's EIN	J	Prepar	er's PTIN	or SSN
preparer		Address					
use	Signature of individual preparing this document	Address		City	Sta	are	ZIP code
only (see instr.)	E-mail address of individual preparing this document			Preparer's NYTPRIN		Date	

