

Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60

STATE
2015
For period ended

Legal name of corporation

Employer identification number (EIN)

Attach to Form CT	-3, CT-3-A,	or CT-3-S	١.
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Schedule A – QSSS information (see instructions)			
Part 1 – QSSS inclusion (see instructions)			
Name and address of OSSS	Effective date of	Federal FIN or	T

art i Quou monasion (see members)			
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 (see instructions)

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

Par	t 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 SSN
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	hedule B – Affiliates and activities (see instructions)	
ar	t 1	
2	If the activities of any of the following impact your federal return, mark an X for all that apply:	
	QSSS • Captive REIT or RIC • Combinable captive insurance company • P	artnership •
	Disregarded entity • Tax-exempt DISC • SMLLC •	
3	If any of your subsidiaries are incorporated outside of New York State, mark an X in the box	
4	If you filed a consolidated federal return, mark an X in the box and complete lines 4a through 4d	4
4a	Number of corporations included in the federal consolidated group	
4b	Total consolidated federal taxable income (FTI) before net operating loss deduction (NOLD) • 4b	
4c	Total consolidated FTI before NOLD of corporations in federal group, but not in New York group • 4c	
4d	Total FTI before NOLD of corporations not in federal group, but in New York group	
	t 2	
	k an X in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).	
5	More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by another	
	corporation or by the same interests	
	Name of controlling corporation	
6	You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capital st	tock of
٠	another corporation	6
	Name of corporation controlled EIN	
	• Italia of corporation controlled	
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 EIN	
8	You are a member of an affiliated federal group	8
	Name of primary corporation EIN	



9 If partn									
المستحيد	ntities taxable as partnerships (see in ership items of income, gain, loss, deduction	on, credits, etc. are in							
mark	an X in the box and enter the required info	ormation below						● 9	
	Name and address of	partnership				EIN of	partnership	EIN of all tiered partners of partnersh	
art 4 – D	isregarded entities (see instructions)								
	s of income, gain, loss, deduction, credits, e	etc. from a disregarde	ed entity o	or a tax-e	exempt	DISC a	re include	d in	
your	New York return, mark an \boldsymbol{X} in the box and	enter the required in	formation	n below .				10	
	Name and address of disregarded en	ntity		If the disre			disregarded	EIN of all tiered	
				entity generat mark an X ii		, entity		members of disregarded entity	
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	Printed name of authorized person					Official title	D	ate	
Authorized person Paid	Printed name of authorized person		person			Official title	D		
Authorized person	Printed name of authorized person E-mail address of authorized person		person	Telep		Official title	D	ate s PTIN or SSN	