



# Affiliated Entity Information Schedule

# CT-60

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 – QSSS inclusion (see instructions)

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



**Part 3 – 1120S shareholder information** (see instructions)

1 Amount of distributions as shown on federal Form 1120S, Schedule K, line 16d and/or 17c..... **1**

Name and address of shareholder	Shareholder EIN or SSN(s)

**Schedule B – Other related entities** (see instructions)

**Part 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 •       Partnership •   
 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 ..... **3**
- 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 federal consolidated group(s) ..... **4a**
- 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(s), but not in New York combined group **4c**
- 4d Total FTI before NOLD of corporations not in federal group(s), but in New York combined group ... **4d**

**Part 2**

Mark 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 ..... **5**   
 Name of controlling corporation       EIN
- 6 You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capital stock of another corporation ..... **6**   
 Name of corporation controlled       EIN
- 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

**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	If using <i>entity</i> method, mark an <b>X</b> in the box	EIN of partnership	EIN of all tiered partners of partnership
	<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 <b>X</b> in the box	EIN of SMLLC or tax-exempt DISC	EIN 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"/>		
	<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.

<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</b> (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	or	Excl. code

478003160094

