



# **Affiliated Entity Information Schedule**

For period ended

**CT-60** 

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<br>federal QSSS<br>election<br><i>(mm-dd-yy)</i> | Federal EIN or<br>temporary filing (TF)<br>number of QSSS | Federal EIN or TF<br>number of QSSS<br>parent |  |  |  |  |  |
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| Part 2 – QSSS elective inclusion (see instructions) |   |                                     |   |  |  |  |  |  |
|---|---|-------------------------------------|---|--|--|--|--|--|
| Name and address of QSSS                            | Effective date of<br>federal QSSS<br>election<br>(mm-dd-yy) | Federal EIN or TF<br>number of QSSS | Federal EIN or TF<br>number of QSSS<br>parent |  |  |  |  |  |
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### Part 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 EIN or SSN(s) |
|-----|---|---------------------------|
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|     | hedule B – Other related entities (see instructions)  |                           |
| Pai |   |                           |
| 2   | If the activities of any of the following impact your federal return, mark an X for all that apply; attach federal F  | orm 851 if applicable:    |
|     | 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 <b>X</b> in the box and complete lines 4a through 4d  | • 4                       |
| 4a  | Number of corporations included in federal consolidated group(s)  |                           |
|     | Consolidated federal taxable income (FTI) before net operating loss deduction (NOLD)  |                           |
|     | Consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c   |                           |
| 4d  | FTI before NOLD of corporations not in federal group(s), but in New York combined group   |                           |
|     |   |                           |
| Par |   |                           |
|     | 'k an X in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).<br>More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by anoth | or                        |
| 3   | corporation or by the same interests  |                           |
|     | Name of controlling entity  |                           |
|     | •   |                           |
| 6   | You or the same interests own or control, directly or indirectly, more than 50% of the voting power of the capit  | tal 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   |                           |
| 8   | You are a member of an affiliated federal group   |                           |
| Ŭ   | Name of primary corporation     EIN   |                           |
|     |   |                           |
|     |   | J                         |



### Part 3 – Entities taxable as partnerships (see instructions)

| Name and address of partnership | Entity<br>method          |  | ethod            |      | accounting election | EIN<br>of partnership | EIN or SSN of all<br>tiered partners<br>of partnership |
|---------------------------------|---------------------------|--|------------------|------|---------------------|-----------------------|--|
|                                 | Mark an X I<br>in the box |  | Mark an <b>X</b> | Date |                     | of partnership        |  |
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#### 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

| Name and address of SMLLC or tax-exempt DISC | If the SMLLC or<br>tax-exempt DISC<br>generated credits,<br>mark an <b>X</b> in the box | EIN of SMLLC or<br>tax-exempt DISC | EIN or SSN of<br>all tiered members<br>of SMLLC or<br>tax-exempt DISC |
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| Certification: I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete. |   |                                |            |                     |                |         |           |          |
|---|---|--------------------------------|------------|---------------------|----------------|---------|-----------|----------|
| Authorized  | Printed name of authorized person                   | Signature of authorized person |            |                     | Official title |         |           |          |
| person  | Email address of authorized person                  |                                |            | Telephone nu<br>( ) | umber          |         | Date      |          |
| Paid  | Firm's name (or yours if self-employed)             |                                | Firm's E   | EIN                 |                | Prepar  | er's PTIN | l or SSN |
| preparer<br>use   | Signature of individual preparing this document     | Address                        |            | Ci                  | ty             | Sta     | ate       | ZIP code |
| only<br>(see instr.)  | Email address of individual preparing this document | F                              | Preparer's | S NYTPRIN           | or Exc         | l. code | Date      |          |

