



**CT-60** 

2016 Anniated Entity in		For period ended		
Legal name of corporation	Employer ident	 ification number (EIN)		
Attach to Form CT-3, CT-3-A, or CT-3-S.				
	4: a.a. ( in-turnetion-)			
Schedule A – Federal S corporation information	tion (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 TI number of QSSS parent	
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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 T number of QSSS parent	
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	rt 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)	
Par	rt 1	
2	If the activities of any of the following impact your federal return, mark an <b>X</b> for all that apply:	
	QSSS • Captive REIT or RIC • Combinable captive insurance company •	Partnership •
3	Disregarded entity • Tax-exempt DISC • SMLLC • If any of your subsidiaries are incorporated outside of New York State, mark an <b>X</b> in the box	
4	If you filed a consolidated federal return, mark an <b>X</b> in the box and complete lines 4a through 4d	• 4
4 -	Number of corporations included in federal consolidated group(s)	
4b	Total consolidated federal taxable income (FTI) before net operating loss deduction (NOLD) • 4b	
4b 4c	Total consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c	
4b 4c		
4b 4c 4d	Total consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c  Total FTI before NOLD of corporations not in federal group(s), but in New York combined group • 4d	
4b 4c 4d Par	Total consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c  Total FTI before NOLD of corporations not in federal group(s), but in New York combined group • 4d  rt 2	
4b 4c 4d Par	Total consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c  Total FTI before NOLD of corporations not in federal group(s), but in New York combined group • 4d  **rt 2**  rk an **X** in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).  More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by and	
4b 4c 4d Par	Total consolidated FTI before NOLD of corporations in federal group(s), but not in New York combined group • 4c  Total FTI before NOLD of corporations not in federal group(s), but in New York combined group • 4d  rt 2  rk an X in any box(es) that apply to you, and enter the appropriate name(s) and EIN(s).  More than 50% of the voting power of your capital stock is owned or controlled, directly or indirectly, by and corporation or by the same interests	other
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art 3 - Er	ntities taxable as partnerships (see instructions)						
9 If you a	re a partner in a partnership, mark an $m{\mathcal{X}}$ in the box and enter the r	equired in	forn	nation be	low	•••••	9
	Name and address of partnership	meth		entity nark an <b>X</b> box	EIN of partne		EIN of all tiered partners of partnership
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rt 1 _ SI	MLLCs and tax-exempt DISCs (see instructions)						
If items	of income, gain, loss, deduction, credits, etc. from an SMLLC or a York return, mark an <b>X</b> in the box and enter the required informati						• 10
	Name and address of SMLLC or tax-exempt DISC	If th	e SM	ILLC or	EIN of SM	LLC or	EIN of all tiered
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