Department of Taxation and Finance

CT-60

NEW YORK STATE

Affiliated Entity Information Schedule

2024 STATE		For period ended
Legal name of corporation	Employer identi	fication number (EIN)

Attach to Form CT-3, CT-3-A, or CT-3-S.

Part 1 - Qualified subchapter S subsidiary (QSSS) inclusion - Do not enter the QSSS parent (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 – Do not enter the QSSS parent (see in	structions)
Name and address of OCCC	F65 - 45

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

	rt 3 – 1120S shareholder information (see instructions)		
1	Amount of distributions as shown on federal Form 1120S, Schedule K, line 16d and/or 17	7c • 1	
	Name and address of shareholder		Shareholder EIN or SSN(
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Sc	hedule B – Other related entities (see instructions)		
	rt 1		
		nly: attach fodore	al Earm 951 if applicable
2	If the activities of any of the following impact your federal return, mark an X for all that ap	_	
	QSSS • Captive REIT or RIC • Combinable captive insurance of	company •	Partnership •
	Disregarded entity ◆ ☐ Tax-exempt DISC ◆ ☐ SMLLC ◆ ☐		
2	Disregarded entity ● Tax-exempt DISC ● SMLLC ●		
3	Disregarded entity ◆ ☐ Tax-exempt DISC ◆ ☐ SMLLC ◆ ☐		
		ough 4d	• 4
	Disregarded entity • Tax-exempt DISC • SMLLC • SMLLC • If you filed a consolidated federal return, mark an X in the box and complete lines 4a through	ough 4d	• 4
4	If you filed a consolidated federal return, mark an X in the box and complete lines 4a thro		• 4
4 4a		• 4a	• 4
4 4a 4b	If you filed a consolidated federal return, mark an X in the box and complete lines 4a through Number of corporations included in federal consolidated group(s)	• 4a	• 4
4 4a 4b 4c	If you filed a consolidated federal return, mark an X in the box and complete lines 4a through Number of corporations included in federal consolidated group(s)	• 4a 4b 4b and group • 4c	• 4
4 4a 4b 4c 4d	If you filed a consolidated federal return, mark an <i>X</i> in the box and complete lines 4a through the compositions included in federal consolidated group(s)	• 4a 4b 4b and group • 4c	• 4
4 4a 4b 4c 4d	If you filed a consolidated federal return, mark an <i>X</i> in the box and complete lines 4a through the compositions included in federal consolidated group(s)	• 4a 4b 4b and group • 4c	4
4 4a 4b 4c 4d Par	If you filed a consolidated federal return, mark an <i>X</i> in the box and complete lines 4a through the compositions included in federal consolidated group(s)	4a 4b 4b 4c 4c 4d	
4 4a 4b 4c 4d Par	If you filed a consolidated federal return, mark an X in the box and complete lines 4a through the 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 combine FTI before NOLD of corporations not in federal group(s), but in New York combined group to the complete to the complete to the complete 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 controlled.	4a 4b 4c 4c 4d 4d 4d 4d 4d 4d 4d	nother
4 4a 4b 4c 4d Par	If you filed a consolidated federal return, mark an <i>X</i> in the box and complete lines 4a through the 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 combine FTI before NOLD of corporations not in federal group(s), but in New York combined grounds and <i>X</i> 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 corporation or by the same interests	4a 4b 4c 4c 4d 4d 4d 4d 4d 4d	
4 4a 4b 4c 4d Par	If you filed a consolidated federal return, mark an X in the box and complete lines 4a through the 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 combine FTI before NOLD of corporations not in federal group(s), but in New York combined group to the complete to the complete to the complete 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 controlled.	4a 4b 4c 4c 4d 4d 4d 4d 4d 4d 4d	nother
4 4a 4b 4c 4d Par Mar 5	If you filed a consolidated federal return, mark an <i>X</i> in the box and complete lines 4a through the 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 combine FTI before NOLD of corporations not in federal group(s), but in New York combined group to the composition of the voting power of your capital stock is owned or controlled, directly corporation or by the same interests.	ar indirectly, by ar	nother 5
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Part 3 – E	ntities taxable as partnerships (see ins	structions)															
9 If you a	re a partner in a partnership, mark an X in th	ne box and	ent	er	the	req	uir	ed infor	ma	ation bel	low				•	9	
	Name and address of partnership	1	Entity	-	S	epara	ite a	accountin	g e	lection		EI	N		EIN or SS	N of all	
		method Mark an X I		·		v		ato		(of partr	nership		tiered pa			
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	MLLCs and tax-exempt DISCs (see instance) of income, gain, loss, deduction, credits, etc.		CIVII	1.0	` or	o to		ovomnt		ISC ara	incl	udod	in voi	ır			
	York return, mark an X in the box and enter															10	
	Name and address of SMLLC or tax-exempt							If the S					MLLC o		EIN or S		
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