

New York State Department of Taxation and Finance

Affiliated Entity Information Schedule

CT-60-QSSS

| | | For period ended |
|----------------------------------|------------------|--|
| Legal name of parent corporation | Employer identif | ication number (EIN) of parent corporation |

Attach to your franchise tax return, Form CT-3, CT-3-A, CT-3-S, CT-4, CT-32, CT-32-A, or CT-32-S. For each part, attach additional sheets if necessary.

Part 1 – QSSS required inclusion (see instructions)

| Name of QSSS | Federal EIN or temporary filing (TF) number of QSSS | Effective date of federal QSSS election (mm-dd-yy) | | |
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Part 2 – QSSS elective inclusion (see instructions)

| Name of QSSS | Name of QSSS Federal EIN or TF number of QSSS | |
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| Part 3 – Entities taxable as partnerships (see instructions) | | | | | | | |
|--|--|--------------------------------|------------|--------------------|---------|-----------|-------------|
| | Name and address of par | rtnership | | | EIN | I | |
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| Part 4 – | Disregarded entities (see instru | uctions) | | | | | |
| | Name and address of disreg | arded entity | | | EIN | I | |
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| Certificatio | n: I certify that this document and any attac | | ny knowle | | e, corr | ect, and | d complete. |
| Authorized | Printed name of authorized person | Signature of authorized person | | Official title | | | |
| person | E-mail address of authorized person | | Tel | ephone number | | Date | |
| Paid | Firm's name (or yours if self-employed) | | Firm's EIN | , | Prepar | er's PTIN | l or SSN |
| preparer | Signature of individual preparing this document | Address | | City | Sta | ate | ZIP code |
| use only (see instr.) | E-mail address of individual preparing this document | | | Preparer's NYTPRIN | | Date | |

