New York State Department of Taxation and Finance

Election by a Federal S Corporation to be Treated As a New York S Corporation

CT-6
(10/14)

Employer identification number	This election is to be effective for the tax year beginning *(retroactive elections: attach federal approval letter; see instr.)*	*For office use only*
		Date received

Mailing address

Legal name of corporation	Mark an ***X*** in the box if federal election is pending ..... ☐	
DBA or trade name *(if any)*	Telephone number ( )	
Mailing name *(if different from legal name)* c/o	State of incorporation / Date of incorporation	
Number and street or PO box	Date began business in New York State	
City State ZIP code	Number of shares issued and outstanding	

The federal election to treat the corporation as an S corporation is effective for the tax year beginning	Total number of shareholders	Number of shareholders who are nonresidents of New York State

Indicate the month and day your tax year ends _____

Shareholders' unanimous consent and individual affirmation: By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder *(include ZIP code)*	**B** Social security number or employer identification number	**C** Stock owned		**D** Shareholder's signature *(see instructions)* For this election to be valid, all shareholders must signify consent by signing below.
		Number of shares	Date acquired	

Certification: I certify that this election and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person	Telephone number ( )	Date	
Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)*	Firm's EIN	Preparer's PTIN or SSN	
	Signature of individual preparing this election	Address City State ZIP code		
	E-mail address of individual preparing this election	Preparer's NYTPRIN	Date	

Fax form to: (518) 435-8605 *(see instructions)*