# CT-6
(4/99)

New York State Department of Taxation and Finance

# Election by a Federal S Corporation to be Treated as a New York S Corporation

| | | |
|---|---|---|
| Employer identification number | This election is to be effective for the tax year beginning _____ ,19 _____ | *For office use only* |
| Legal name of corporation | Check box if federal election is pending ☐ | *Date received* |
| DBA or trade name (*if any*) | Telephone number ( ) | |
| **Mailing Address** 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 *(from federal Form 2553)* | |
| The federal election to treat the corporation as an S corporation is effective for the tax year beginning _____ ,19 _____ | Total number of shareholders | Number of shareholders who are nonresidents of New York State |

If your tax year is not a calendar year, 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.

| **A** Name and address of each shareholder *(include ZIP code)* | **B** Social security number or Employer identification number | **C** Stock owned: Number of shares | **C** Stock owned: Date acquired | **D** Shareholder's signature* **For this election to be valid, all shareholders must signify consent by signing below.** |
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*** See instructions for column D if continuation sheet or a separate consent statement is needed.**

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

| Signature of elected officer or authorized person | Official title | Date |
|---|---|---|
| | | |

| **Paid Preparer Use Only** | | | |
|---|---|---|---|
| Firm's name *(or yours if self-employed)* | | ID number | Date |
| Address | Telephone number | Signature of individual preparing this election | |

Mail this form to:

**NYS TAX DEPARTMENT, CORPORATION TAX REGISTRATION, BUILDING 8 ROOM 425, W A HARRIMAN CAMPUS, ALBANY NY 12227**

eSecret.net Fill in Forms. This Box Does Not Print.