CT-6
(3/98)

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	
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		D Shareholder's signature* **For this election to be valid, all shareholders must signify consent by signing below.**
		Number of shares	Date acquired	

*** 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