

**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 ( <i>retroactive elections: attach federal approval letter; see instr.</i> ) |                                                                                           | For office use only   |                                                               |
| <b>Mailing address</b>                                                                                    | Legal name of corporation                            |                                                                                                                                          | Mark an <b>X</b> in the box if federal election is pending ..... <input type="checkbox"/> |                       | Date received _____                                           |
|                                                                                                           | DBA or trade name ( <i>if any</i> )                  |                                                                                                                                          | Telephone number ( )                                                                      |                       |                                                               |
|                                                                                                           | Mailing name ( <i>if different from legal name</i> ) |                                                                                                                                          | State of incorporation                                                                    | Date of incorporation |                                                               |
|                                                                                                           | C/o                                                  |                                                                                                                                          | Date began business in New York State                                                     |                       |                                                               |
|                                                                                                           | Number and street or PO box                          |                                                                                                                                          | Number of shares issued and outstanding                                                   |                       |                                                               |
| City                                                                                                      |                                                      | State                                                                                                                                    | ZIP code                                                                                  |                       |                                                               |
| 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.

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

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

|                                                        |                                                      |  |                                |                      |                |                        |
|--------------------------------------------------------|------------------------------------------------------|--|--------------------------------|----------------------|----------------|------------------------|
| <b>Authorized person</b>                               | Printed name of authorized person                    |  | Signature of authorized person |                      | Official title |                        |
|                                                        | E-mail address of authorized person                  |  |                                | Telephone number ( ) | Date           |                        |
| <b>Paid preparer use only</b><br>( <i>see instr.</i> ) | Firm's name ( <i>or yours if self-employed</i> )     |  |                                | 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*)