

New York State Department of Taxation and Finance Election by a Federal S Corporation to be Treated As a New York S Corporation

(10/14)

| Em | ipioyer identifi | cation number | | | tax year beginning (reattach federal approv | tions: | | ľ | For office use only | |
|---|-------------------------|--|--|--|---|--|--|---|---------------------|-----------------------------------|
| | Legal name | me of corporation | | | | Mark an X in the box if federal election is pending | | | | Date received |
| address | DBA or trac | or trade name (if any) | | | | | Telephone number | | | |
| add | | Mailing name (if different from legal name) | | | | | State of incorporation Date of incorporation | | | |
| Mailing | C/O Number an | D mber and street or PO box | | | | | n business | ite | | |
| Ma | City | State | | | ZIP code | Number of shares issued and outstanding | | | ding | |
| | | deral election to treat the ation as an S corporation is | | | otal number of shareholders | | Number of shareholders w | | lers who a | re nonresidents of New York State |
| effective for the tax year beginning Indicate the month and day your tax year ends | | | | | | | | | | |
| Sh | areholde | rs' unanimous consent a | nd individual a | affirmatio | on: By signing b | pelow eac | h sharel | holder of the | above | corporation elects to |
| inc | lude all a | mounts required by Tax Lay ormation given below is to t | w, Article 22, se | ection 660 |), in computing | his or her | New Yo | ork taxable ind | come a | and certifies that the |
| Se | e instruct | ions if a continuation sheet | or a separate o | consent s | | eded. C | | | | |
| | | lame and address f each shareholder (include ZIP code) | Social security or employ identification | yer | | owned Date acquir | | Shareholder's signature (see instructions) for this election to be valid, all shareholders must signify consent by signing below. | | |
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| <u></u> | rtificatio | n: I cortify that this plaction | and any attach | monte a | ro to the best of | my know | rlodge ar | nd haliaf trua | corro | et and complete |
| | uthorized | Printed name of authorized person | re of authorized pers | of my knowledge and belief true, corn person Official title | | | | or, and complete. | | |
| 1 ' | person | E-mail address of authorized person | | | | | Telephone number () Date | | | Date |
| | Paid oreparer use | Firm's name (or yours if self-employed) | | | | | Firm's EIN Prep | | | er's PTIN or SSN |
| þ | | Signature of individual preparing this election Address | | | | | | City | | ate ZIP code |
| (: | only see instr.) | E-mail address of individual preparing this election | | | | | Preparer's NYTPRIN Date | | | |