



# Termination of Election to be Treated As a New York S Corporation

**CT-6.1**  
(10/15)

Employer identification number		For office use only	
<b>Mailing address</b>	Legal name of corporation		Date received
	DBA or trade name (if any)		
	Mailing name (if different from legal name)		
	C/o		
	Number and street or PO box		
City		State	ZIP code
Business telephone number ( )		Effective date of termination (see instructions)	

The corporation is terminating its election to be treated as a New York S corporation under New York State Tax Law, Article 22, section 660(c) for the following reason (mark an X in the appropriate box):

- ☐ 1 **Termination of federal S election**
- ☐ 2 **Revocation of election** by shareholders owning more than 50% of the shares of stock of the corporation
- ☐ 3 **New shareholder refusal**

If you marked box 2, all revoking shareholders must complete the *Shareholder individual affirmation*.

If you marked box 3, **only** the new shareholder must complete the *Shareholder individual affirmation*.

**Shareholder individual affirmation** - By signing below, the shareholder(s) of the above corporation revokes the election to be treated as an S corporation or, in the case of a new shareholder, refuses to consent to the election to be treated as an S corporation under Tax Law, Article 22, section 660(c). The shareholder(s) also certifies that the personal information given below is to the best of the shareholder's knowledge and belief true, correct, and complete.

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

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

**Certification:** I certify that this termination of 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> (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	or	Excl. code Date

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