



Insurance Corporation Combined Franchise Tax Return

Tax Law — Article 33

1999 calendar-yr. filers, check box

Other filers enter tax period:

beginning ending

Employer identification number, File Number, Mailing name and address, Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD)?, A. Payment — pay amount shown on line 26.

Schedule M — Computation of tax and installment payments of estimated tax

Table with 33 rows for tax computation, including lines 1-33 for income, capital, franchise tax, insurance premiums, and overpayment.

		Parent
Schedule N — Computation of combined allocation percentage		
34	New York premiums from Form CT-33, Schedule B, line 37	34
35	Total premiums from Form CT-33, Schedule B, line 38	35
36	New York premiums percentage <i>(divide line 34 by line 35)</i>	36
37	Weighted New York premiums percentage <i>(multiply line 36 by nine)</i>	37
38	New York wages from Form CT-33, Schedule B, line 41	38
39	Total wages from Form CT-33, Schedule B, line 42	39
40	New York payroll percentage <i>(divide line 38 by line 39)</i>	40
41	Total New York percentages <i>(add lines 37 and 40)</i>	41
42	Combined allocation percentage <i>(divide line 41 by ten)</i>	42

Schedule O — Computation of combined subsidiary allocation percentage		
43	New York subsidiary capital from Form CT-33, Schedule C, line 47	43
44	Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	44
45	Combined subsidiary allocation percentage <i>(divide line 43 by line 44)</i>	45

Schedule P — Computation of combined allocated New York income		
46	Entire net income from Form CT-33, Schedule G, line 88	46
47	Combined allocated entire net income <i>(multiply line 46 by line 42; enter here and in box on line 1)</i>	47

Schedule Q — Computation of combined allocated New York capital		
48	Business and investment capital from Form CT-33, Schedule D, line 57	48
49	Combined allocated capital <i>(multiply line 48 by line 42; enter here and in box on line 2)</i>	49

Schedule R — Computation of combined allocated subsidiary capital		
50	Subsidiary capital from Form CT-33, Schedule D, line 54	50
51	Combined allocated subsidiary capital <i>(multiply line 50 by line 45; enter here and on line 5)</i>	51

Schedule S — Analysis of Schedule H, Form CT-33		
52	Life insurance company premiums from Form CT-33, Schedule H, line 93, column A <i>(enter combined total here and on line 7)</i>	52
Nonlife insurance company premiums:		
53	Accident and health premiums from Form CT-33, Schedule H, line 94, column A <i>(enter combined total here and on line 8)</i>	53
54	Other insurance premiums from Form CT-33, Schedule H, line 95, column A <i>(enter combined total here and on line 9)</i>	54

Schedule T — Limitation of tax		
55	Life insurance company premiums from Form CT-33, line 99	55
56	Nonlife insurance company premiums from Form CT-33, line 99	56

Schedule U — Computation of combined issuer's allocation percentage		
57	New York gross direct premiums from Form CT-33, Schedule J, line 122	57
58	Total gross direct premiums from Form CT-33, Schedule J, line 123	58
59	Issuer's allocation percentage <i>(divide line 57 by line 58; enter here and on line 33)</i>	59

List complete names and employer identification numbers for all members of this combined group *(attach additional pages, if necessary)*.

Names	Employer identification number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	
Subsidiary #5	
Subsidiary #6	

Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate eliminations	C Combined Totals (column A – column B)
Schedule N						
					●	34 ●
						35 ●
						36 ● %
						37 ● %
						38 ●
						39 ●
						40 ● %
						41 ● %
						42 ● %
Schedule O						
					●	43 ●
					●	44 ●
						45 ● %
Schedule P						
					●	46 ●
						47 ●
Schedule Q						
					●	48 ●
						49 ●
Schedule R						
					●	50 ●
						51 ●
Schedule S						
						52 ●
						53 ●
						54 ●
Schedule T						
						55
						56
Schedule U						
						57
						58
						59 %

Composition of prepayments

		Date paid	Amount
60	Mandatory first installment of combined group	60	
61	CT-400 installments of combined group	61 (1)	
		(2)	
		(3)	
62	Payment with extension application, from Form CT-5.3, line 8	62	
63	Credit from prior years combined return	63	
64	Credit from Form CT-33-M	64 Period	
65	Total prepayments from subsidiaries not previously included in combined return	65	
66	Total prepayments (add lines 60 through 65; enter here and on line 21)	66	

Certification. I certify that this return 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	Signature of individual preparing this return	

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038

When and where to file

File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on ordering forms and publications.) If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Internet access: <http://www.tax.state.ny.us>



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:
NYS TAX DEPARTMENT
TAXPAYER ASSISTANCE BUREAU
TAXPAYER CORRESPONDENCE
W A HARRIMAN CAMPUS
ALBANY NY 12227