



Department of Taxation and Finance

CT-33-A/ATT Schedules A, B, C, D, and E – Attachment to Form CT-33-A Life Insurance Corporation Combined Franchise Tax Return

All filers must enter tax period: beginning ending

Employer identification number (EIN)	File number	Business telephone number ()	
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box		Date of incorporation	
City	State	ZIP code	
NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	Audit (for Tax Department use only)
NYS principal business activity			

For all combined returns and attachments, the corporation responsible for filing Form CT-33-A is designated the *parent*. The other corporations included in the combined return are designated *subsidiaries*.

Combined parent corporation legal name	<input type="checkbox"/> Parent employer identification number
--	--

Metropolitan transportation business tax (MTA surcharge) – During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? (The MCTD includes counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.)

(Mark an X in the appropriate box.) Yes No

This form must be completed for each corporation in the combined group.
Attach this form to Form CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*.

Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see Form CT-33-A-I, Instructions for Forms CT-33-A, CT-33-A/ATT, and CT-33-A/B; attach separate sheet if necessary)

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation % (see instructions)	D Reinsurance premiums allocated to New York State (column B × column C)
Totals from attached sheet			

1 Total (add column D amounts; enter here and include on line 37 of Form CT-33-A or Form CT-33-A/B) • 1



Legal name of corporation	EIN
---------------------------	-----

Schedule B – Computation and allocation of subsidiary capital (see instructions; attach separate sheet if necessary)

A – Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation complete columns B through G on the corresponding lines below)						
Item	Name					EIN
A						
B						
C						
D						
E						
A Item	B % of voting stock owned	C Average fair market value (see instructions)	D Current liabilities attributable to subsidiary capital (see instructions)	E Net average fair market value (column C – column D)	F Allocation % (see instr.)	G Value allocated to New York State (column E × column F)
A						
B						
C						
D						
E						
Totals from attached sheet						
2 Totals (add amounts in columns C, D, and E)						
• 2						
3 Allocated subsidiary capital (add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B) • 3						

Schedule C – Computation of business and investment capital (see instructions)

		A Beginning of year	B End of year	C Average fair market value basis
4 Total assets (see instructions)	4			
5 Fair market value adjustment (attach computation; show any negative amounts with a minus (-) sign)	5			
6 Nonadmitted assets from annual statement.....	6			
7 Current liabilities (see instructions)	7			
8 Assets, excluding subsidiary assets included on line 2, column C, held as reserves under New York State Insurance Law sections 1303, 1304, and 1305 (use same method to value assets as on lines 4 through 6)	8			



Schedule D – Computation of adjustment for gains or losses on disposition of property acquired before January 1, 1974 (you may no longer report gain or loss in the same manner you report it on your federal income tax return; see instr.)

A Description of property <i>(attach separate sheet if necessary)</i>	B Cost <i>(see instructions)</i>	C – Fair market price or value on Jan. 1, 1974 <i>(see instructions)</i>	D Value realized on disposition <i>(see instructions)</i>	E New York gain or loss <i>(see instructions)</i>	F Federal gain or loss <i>(see instructions)</i>
Totals from attached sheet ..					
9 Totals <i>(add amounts in columns E and F)</i>				9	
10 New York adjustment <i>(subtract line 9, column F, from line 9, column E; enter here and on line 68 of Form CT-33-A or Form CT-33-A/B; use a minus sign for negative amounts)</i>				10	

Schedule E – Officers (appointed or elected) and certain stockholders (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation)

A Name and address <i>(give actual residence; attach separate sheet if necessary)</i>	B Social security number	C Official title	D Salary and all other compensation received from corporation
Totals from attached sheet			
11 Totals <i>(add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)</i>			11

Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only <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 return		Address		City	State ZIP code
	E-mail address of individual preparing this return			Preparer's NYTPRIN		or Excl. code

