

2011

CT-33-A/ATT New York State Department of Taxation and Finance
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

beginning

ending

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)			State or country of incorporation		Date received (for Tax Department use only)
c/o					
Number and street or PO box			Date of incorporation		
City		State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return)		If address/phone above is new, mark an X in the box <input type="checkbox"/>			Audit (for Tax Department use only)
Principal business activity		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.			

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	Parent employer identification number
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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	B		C	D	
Name of ceding company	Reinsurance premiums received		Reinsurance allocation %	Reinsurance premiums allocated to New York State <i>(column B × column C)</i>	
Totals from attached sheet.....					
1 Total <i>(add column D amounts; enter here and include on line 37 of Form CT-33-A or Form CT-33-A/B)</i>			1.		

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.**

1

Legal name of corporation	Employer identification number
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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	D Current liabilities attributable to subsidiary capital	E Net average fair market value (column C – column D)	F Issuer's allocation %	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	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.			

A Description of property <i>(attach separate sheet if necessary)</i>	B Cost	C Fair market price or value on Jan. 1, 1974	D Value realized on disposition	E New York gain or loss	F Federal gain or loss
Totals from attached sheet..					

9.				
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10.		
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A	B	C	D
Name and address <i>(give actual residence; attach separate sheet if necessary)</i>	Social security number	Official title	Salary and all other compensation received from corporation
Totals from attached sheet			

11.		
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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	

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