

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 mu	ıst eı	nter tax period:	beginnin	ng		ending						
Employer identification number (EIN)	File number	Busir	ness telephone number				,						
		()										
Legal name of corporation				Trade nar	me/D	BA							
Mailing name (if different from legal name above)					ountry	of incorporation	Date received (for Tax I	Department use only)					
c/o													
Number and street or PO box				Date of in	corp	oration							
City State ZIP code					Foreign corporations: date began business in NYS								
NAICS business code number (from NYS Pub 910)	iddress/phone		If you need to upo	ate vour	he 1	dress or	Audit (for Tax Departme	ent use only)					
abo	ove is new,		phone information	n for corporation tax,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
NYS principal business activity	rk an X in the box	=	or other tax types. See Business info										
			See Business iiiic	nnauon		OIIII C1-1.							
	(I			-) T	20 4 :- 1 - :	1 . 1 . 1	(The					
For all combined returns and attachments,	•		•	Form C	۱-۱	33-A is desig	gnated the <i>paren</i>	t. The other					
corporations included in the combined retu	m are designate	u su	ibsidiaries.										
Combined parent corporation legal name				• Par	Parent employer identification number								
Metropolitan transportation business ta	v (MTA surchar	.uo)	- During the tay	vear di	d v	ou do husin	ace amploy can	tal own or lead	<u> </u>				
property, or maintain an office in the Metrop									3C				
York, Bronx, Kings, Queens, Richmond, Du													
(Mark an X in the appropriate box.)			•				•	s No					
This form must be completed for each c													
Attach this form to Form CT-33-A, Life Insu					R	eturn.							
Schedule A – Allocation of reinsuran	ce premiums	whe	en location of	risks (car	not be de	termined (see	Form CT-33-A-	./.				
Instructions for Forms CT-33-A, CT-33-A/A									-,				
Α			В			С		D .					
Name of ceding company	Rein	Reinsurance premiums received				nsurance ecation %		ce premiums New York State					
			001100			instructions)		× column C)					
Totals from attached sheet													
1 Total (add column D amounts; enter here an	d include on line 3	7 of I	Form CT-33-A or F	orm CT-	33-4	4/B) 1							



Legal nar	ne of corpo	pration			EIN		
Schedu	le B – Co	omputation and alloca	ation of subsidiary cap	oita	(see instructions; attach s	eparate sheet	if necessary)
	•	ubsidiary capital (list the namines below)	e of each corporation and the	e EIN	here; for each corporation	complete colu	umns B through G on the
Item			Name				EIN
Α							
В							
С							
D							
E							
A Item	% of voting stock owned	C Average fair market value (see instructions)	verage fair Current liabilities arket value attributable to		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)
Α							
В							
С							
D							
E							
Totals from at	tached sheet						
2 Total	s (add am	ounts in columns C, D, and E	-)			_	
	• 2			•			
3 Alloc	ated subs	sidiary capital (add column	G amounts; enter here and o	n line	e 52 of Form CT-33-A or		
Fo	rm CT-33-A	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)	Ω		1		

A Description of attach separate sh	of property	1974 (you may no longer B Cost (see instructions)	C – Fair marke price or value on Jan. 1, 1974 (see instructions)	t V	D alue realized n disposition ee instructions)	E New York gain or los (see instruction	s	F Federal gain or loss (see instruction	
									\dashv
									\dashv
									\exists
tals from atta									_
•		umns E and F) btract line 9, column F, fr				9 of			_
	•	:T-33-A/B; use a minus si	•	•			10		
			-						
nedule E -		ppointed or elected and all stockholders ownin							_
	Name and address (give actual residence; attach separate sheet if necessary)				Security nber	Official title	Salary and all o compensation recompensation corporation	eiv	
									_
tala from atta	achad shoot								
		unts; enter here and on li							_
rtification: U w and is also	Inder the penal	Ities of perjury, I declar roup tax liability, and I	e that this corpo	oration is a	allowed to file	on a combined b	asis u		
uthorized Prin	ted name of author	rized person	Signature of au	thorized per	son	Official title			
111101126U	ail address of auth	orized person			Tele _l	phone number		Date	
						,	_	. I. DTIN OON	_
Paid Firm	n's name (or yours if	self-employed)			Firm's EIN		Prepar	er's PTIN or SSN	
Paid Firm		self-employed) preparing this return	Address		Firm's EIN	City	Prepar		

