CT-33	I	Schedules Attachmen Life Insurance Combined Fran	t to Fo Corpora	orm C1-33 ation	E – -A	
	All filers m	ust enter tax period:	beginning		ending	
r (EIN)	File number	Business telephone number				

Department of Toylation and Linense

	All more mus	of enter tax period.	beginning		chang	
Employer identification number (EIN)	File number	Business telephone number				
		()				
Legal name of corporation			Trade name/E	DBA		
Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for Tax D	Department use only)
c/o						
Number and street or PO Box			Date of incorp	oration		
City	State	ZIP code	Foreign corpora	tions: date began		
			business in NTV	5		
NAICS business code number (from NYS Pub 910)	If you need to upda	ate your address or	phone info	ormation	Audit (for Tax Departme	ent use only)
		, or other tax types,				
NYS principal business activity		online. See Busir	less inform	<i>ation</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				
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, Ro	ck	<pre>(land, Suffolk, and Westchester.)</pre>				
(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	l include on line 37 of Form CT-33-A or Form (CT-33-A/B) • 1	



ORK

Legal name of corporation	EIN

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

Item			Name			EIN
А						
В						
С						
D						
Е						
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)
А						
В						
С						
D						
E						
Totals from a	ttached sheet					
2 Tota	ls <i>(add am</i> d	ounts in columns C, D, and E)	1			
	• 2		•	•		

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,	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 (attach separate sheet if necessary)	B Cost (see instructions)	C – Fair market price or value on Jan. 1, 1974 (see instructions)		E New York gain or loss (see instructions)	F Federal gain or loss (see instructions)				
Totals from attached sheet									
9 Totals (add amounts in col									
10 New York adjustment (se	ubtract line 9, column F	; from line 9, column E; e	enter here and on line 68	of					
Form CT-33-A or Form C	CT-33-A/B; use a minus	sign for negative amoun	ts)	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)

Α	В	С	D
Name and address (give actual residence;	Social Security number	Official title	Salary and all other compensation received from corporation
attach separate sheet if necessary)			from corporation
Totals from attached sheet			
11 Totala (add askump D amountar anter have and an line 07 of Farm (. 44	

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	Printed name of authorized person	Signature of authorized person		Official title			
person	Email address of authorized person		Telephone r	umber		Date	
Paid	Firm's name (or yours if self-employed)		Firm's EIN		Prepar	rer's PTIN	l or SSN
preparer use	Signature of individual preparing this return	Address	(Sity	Sta	ate	ZIP code
only (see instr.)	Email address of individual preparing this return	F	Preparer's NYTPRIN	or Exc	I. code	Date	

