

**CT-33-A**

Department of Taxation and Finance  
**Life Insurance Corporation Combined  
Franchise Tax Return**

Tax Law – Article 33

Amended return  Final return 

All filers must enter tax period:

beginning  ending If you claim an overpayment, mark an **X** in the box.

Employer identification number (EIN)	File number	Business telephone number (      )	
Legal name of corporation		Trade name/DBA	
Mailing address Care of (c/o)		State or country of incorporation	
Number and street or PO Box		Date of incorporation	Foreign corporations: date began business in NYS
City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.			
Did any corporation in the combined group do business, employ capital, own or lease property, or maintain an office in the MCTD? (mark an <b>X</b> in one box) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, you must file Form CT-33-M.			

A. Pay amount shown on line 26. Make payable to: <b>New York State Corporation Tax</b> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed <input type="checkbox"/>
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**A**

B. Did you include a disregarded entity in this return? (mark an **X** in one box) ..... Yes  No   
If Yes, enter the name and EIN. If more than one, attach list with names and EINs.  
Legal name of disregarded entity  EIN

C. Are any corporations in the combined group a residual interest holder in a real estate mortgage investment conduit (REMIC)? (mark an **X** in one box) ..... Yes  No   
D. If the combined group consists **only** of unauthorized insurance corporations, mark an **X** in the box .....

**Amended return information**If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.Final federal determination  If marked, enter date of determination: NOL carryback  Capital loss carryback Federal return filed: Form 1139  Amended consolidated Form 1120-L  Amended consolidated Form 1120-PC **Net operating loss (NOL) information**

New York State NOL carryover total available for use this tax year from all prior tax years	<input type="checkbox"/>
Federal NOL carryover total available for use this tax year from all prior tax years	<input type="checkbox"/>
New York State NOL carryforward total for future tax years	<input type="checkbox"/>
Federal NOL carryforward total for future tax years	<input type="checkbox"/>



**Computation of tax**

1 Combined allocated entire net income (ENI) from line 86 •		× 0.071	• 1
2 Combined allocated business and investment capital from line 63 •		× 0.0016	• 2
3 Combined allocated alternative base from line 92 ..... •		× 0.09	• 3
4 Minimum tax for parent corporation only.....			4 <b>250 00</b>
5 Combined allocated subsidiary capital from line 52..... •		× 0.0008	• 5
6 Combined franchise tax ( <i>largest of line 1, 2, 3, or 4, plus line 5</i> ).....			• 6
7 Combined premiums from line 100 (see <i>instr.</i> ) .....	•	× 0.007	• 7
8 Total combined tax before limitations on tax ( <i>add lines 6 and 7</i> ) .....			• 8
9 Combined premiums from line 100 (see <i>instr.</i> ) .....	•	× 0.015	• 9
10 Combined tax ( <i>see instructions</i> ) .....			• 10

11a

11b

12 Combined minimum tax for subsidiaries – number of subsidiaries ( <i>see instructions</i> ) •	□	× \$250 =	• 12
13 Total combined tax ( <i>add lines 10 and 12</i> ) .....			• 13
14 Combined premiums from line 102 (see <i>instr.</i> ) .....	•	□ × 0.02	• 14
15 Combined tax before credits ( <i>see instructions</i> ) .....			• 15
16 Tax credits ( <i>enter amount from line 116; see instructions</i> ) .....			• 16
17 Combined tax due ( <i>subtract line 16 from line 15; if less than zero, enter 0</i> ) .....			• 17

18

19

20

21 Total prepayments from line 114 .....		• 21
22a Balance ( <i>see instructions</i> ) .....		• 22a
22b Additional amount ( <i>see instructions</i> ) .....		• 22b
22c Total before penalties and interest ( <i>see instructions</i> ) .....		• 22c
23 Estimated tax penalty ( <i>see instructions; mark an X in the box if Form CT-222 is attached</i> ) •	□	• 23
24 Interest on late payment ( <i>see instructions</i> ) .....		• 24
25 Late filing and late payment penalties ( <i>see instructions</i> ) .....		• 25
26 Balance due ( <i>add lines 22c through 25 and enter here; enter the payment amount on line A</i> ) .....		• 26
27a Overpayment ( <i>if line 17 is less than line 21, subtract line 17 from line 21</i> ) .....		• 27a
27b Amount of overpayment previously credited to 2026 MFI ( <i>see instructions</i> ) .....		• 27b
27c Balance of overpayment available ( <i>see instructions</i> ) .....		• 27c
28 Amount of overpayment to be credited to next period .....		• 28
29 Balance of overpayment ( <i>subtract line 28 from line 27c</i> ) .....		• 29
30 Amount of overpayment to be credited to Form CT-33-M .....		• 30
31 Refund of overpayment ( <i>subtract line 30 from line 29</i> ) .....		• 31
32a Refund of tax credits ( <i>see instructions</i> ) .....		• 32a
32b Tax credit to be credited as an overpayment to next year's return ( <i>see instructions</i> ) .....		• 32b
33 Combined allocation percentage ( <i>from line 48</i> ) .....		• 33 %



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**Schedule A – Computation of combined allocation percentage**

(If you do not claim an allocation, enter 100 on line 48; see instructions)

34 New York premiums (see instructions).....  
 35 New York ocean marine premiums (see instructions).....  
 36 New York premiums for annuity contracts and for insurance for the elderly (see instructions).....  
 37 New York premiums on reinsurance assumed (see instructions).....  
 38 Total New York gross premiums (add lines 34 through 37) .....

39 New York premiums ceded that are included on line 38 (see instructions).....  
 40 Total New York premiums (subtract line 39 from line 38) .....

41 Total everywhere premiums (see instructions).....  
 42 Combined New York premium percentage (divide column E, line 40 by line 41) .....

43 Combined weighted New York premium percentage (multiply line 42 by nine) .....

44 New York wages, salaries, personal service compensation, and commissions (see instructions) .....

45 Total everywhere wages, salaries, personal service compensation, and commissions (see instructions) .....

46 Combined New York payroll percentage (divide column E, line 44 by line 45) .....

47 Total combined New York percentages (add lines 43 and 46) .....

48 Combined allocation percentage (divide line 47 by ten; if line 42 or 46 is 0, see instructions) .....

**Schedule B – Computation and allocation of combined subsidiary capital (see instructions for each line in this schedule)**

49 Average fair market value of subsidiary capital .....

50 Average value of current liabilities attributable to subsidiary capital.....  
 51 Net average fair market value of subsidiary capital .....

52 Net average value of subsidiary capital allocated to New York State (enter column E amount in the first box on line 5) .....

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

53 Average value of total assets (see instructions) .....

54 Average fair market value adjustment (show a negative amount with a minus (-) sign) .....

55 Average value of nonadmitted assets from annual statement (see instructions).....  
 56 Total combined assets (add column E, lines 53, 54, and 55) .....

57 Average value of current liabilities (see instructions).....  
 58 Total combined capital (subtract column E, line 57 from line 56) .....

59 Combined subsidiary capital from column E, line 51 .....

60 Combined business and investment capital (subtract line 59 from line 58) .....

61 Average value of assets, excluding subsidiary assets included on line 51, held as reserves under New York State Insurance Law sections 1303, 1304, and 1305 (use same method to value assets as on line 56; see instructions) .....

62 Adjusted combined business and investment capital (subtract column E, line 61 from line 60) .....

63 Combined allocated business and investment capital (multiply line 62 by the combined allocation percentage on line 48; enter here and in the first box on line 2) .....

**Schedule D – Computation and allocation of combined ENI (see instructions)**

64 FTI before NOL deduction (see instructions; include disallowed dividends paid deduction): •  ( )

**Additions**

65 Dividends-received and other special deductions (used to compute line 64) .....

66 Dividend or interest income not included in line 64 (attach list; see instructions) .....

67 Interest to stockholders:  less the greater of 10% of the interest or \$1,000 (see instructions).....  
 68 Adjustment for gains or losses on disposition of property acquired before January 1, 1974 (see instructions) .....

69 Deductions attributable to subsidiary capital (attach list; see instructions) .....

70 New York State franchise tax deducted on federal return (attach list; see instructions) .....

71 Amount deducted on your federal return as a result of a safe harbor lease (see instructions).....  
 72 Amount that would have been required to be included on your federal return except for a safe harbor lease (see instructions) .....

73 Total amount of federal depreciation from Form CT-399 (see instructions) .....

74 Other additions (from Form CT-225-A; see instructions) .....

75 Total (add column E, lines 64 through 74) .....



A Parent	B Total subsidiaries	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined total (column C - column D)
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**Schedule A – Computation of combined allocation percentage (see instructions)**

34 •				34 •
35 •				35 •
36 •				36 •
37 •				37 •
38 •				38 •
39 •				39 •
40 •				40 •
41 •				41 •
42				42 • %
43				43 %
44 •				44 •
45 •				45 •
46				46 • %
47				47 %
48				48 • %

**Schedule B – Computation and allocation of combined subsidiary capital (see instructions)**

49 •					49 •
50 •					50 •
51 •					51 •
52 •					52 •

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

53 •					53 •
54 •					54 •
55 •					55 •
56					56 •
57 •					57 •
58					58 •
59					59
60					60 •
•					•
61					61
62					62 •
63					63

**Schedule D – Computation and allocation of combined ENI (see instructions)**

64 •					64 •
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**Additions**

65 •					65 •
66 •					66 •
67 •					67 •
68 •					68 •
69 •					69 •
70 •					70 •
71 •					71 •
72 •					72 •
73 •					73 •
74 •					74 •
75					75 •



**Schedule D – Computation and allocation of combined ENI (continued; see instructions)**

**Subtractions**

76 Income from subsidiary capital (attach list; see instructions) .....

77 Fifty percent of dividends from nonsubsidiary corporations (attach list; see instructions) .....

78 Gain on installment sales made before January 1, 1974 (attach list; see instructions) .....

79 Combined New York NOL deduction (attach statement showing computation; see instructions) .....

80 Amount included on your federal return as a result of a safe harbor lease (see instructions) .....

81 Amount that could have been deducted on your federal return except for a safe harbor lease (see instructions) .....

82 Total amount of New York depreciation allowed under section 1503(b) from Form CT-399 (see instructions) .....

83 Other subtractions (from Form CT-225-A; see instructions) .....

84 Total combined subtractions (add column E, lines 76 through 83) .....

85 Combined ENI (subtract line 84 from line 75) .....

86 Combined allocated ENI (multiply line 85 by combined allocation percentage on line 48; enter here and in the first box on line 1) .....

**Schedule E – Computation and allocation of combined alternative base**

87 Officer salaries and other compensation (see instructions) .....

88 Combined alternative base (add column E, line 85 and line 87) .....

89 Statutory deduction (see instructions) .....

90 Combined alternative base minus deduction (subtract line 89 from line 88) .....

91 Combined alternative base multiplied by 30% (multiply line 90 by 0.3) .....

92 Combined allocated alternative base (multiply line 91 by combined allocation percentage on line 48; enter here and in the first box on line 3) .....

**Schedule F – Computation of combined premiums subject to tax under section 1510 and the limitations under section 1505 (see instructions)**

93  
94  
95  
96

97 Life insurance premiums.....

98 Accident and health insurance premiums.....

99 Other insurance premiums.....

100 Total combined premiums subject to tax under section 1510 and the floor limitation under section 1505(b)  
(add column E, lines 97, 98, and 99; enter here and in the first box on lines 7 and 9) .....

**Insurance corporations who receive more than 95% of their premiums from:**

101 Annuity contracts, ocean marine insurance, and group insurance on the elderly (see instructions) .....

102 Total combined premiums subject to the limitation on tax under section 1505(a)(2) (add lines 100 and 101, column E;  
enter here and in the first box on line 14) .....

103  
104  
105



A Parent	B Total subsidiaries	C Subtotal (column A + column B)	D Intercorporate eliminations	E Combined total (column C - column D)
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**Schedule D – Computation and allocation of combined ENI (continued; see instructions)****Subtractions**

76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86

**Schedule E – Computation and allocation of combined alternative base**

87				87
88				88
89				89
90				90
91				91
92				92

**Schedule F – Computation of combined premiums subject to tax under section 1510 and the limitations under section 1505 (see instructions)**

93				
94				
95				
96				
97				97
98				98
99				99
100				100

**Insurance corporations who receive more than 95% of their premiums from:**

101				101
102				102
103				
104				
105				

**Composition of prepayments (see instructions)**

	Date paid	Amount
106 Mandatory first installment of combined group from Form CT-300 (see instructions)	106	
107 Second combined group installment from Form CT-400.....	107	
108 Third combined group installment from Form CT-400.....	108	
109 Fourth combined group installment from Form CT-400.....	109	
110 Payment with extension request from Form CT-5.3, line 8 .....	110	
111 Overpayment credited from prior year's combined return (see instructions) .....	111	
112 Overpayment credited from Form CT-33-M <input type="text"/> Period .....	112	
113 Total prepayments from subsidiaries not previously included in combined return .....	113	
114 Total prepayments (add lines 106 through 113; enter here and on line 21) .....	114	



**Summary of tax credits claimed against current year's franchise tax:**

Has any member of the combined group that is claiming tax credits (or has an entity of which such member is an owner) been convicted of an offense defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an **X** in one box) ..... Yes  No

115

**Tax credits (attach appropriate form or statement for each credit claimed)**

Fire insurance premiums tax credit.....

Form CT-33-R	●
Form CT-33.1	●
Form CT-33.2	●
Form CT-41	●
Form CT-43	●
Form CT-44	●
Form CT-238	●
Form CT-249	●
Form CT-250	●
Form CT-607	●
Form CT-611	●
Form CT-611.1	●
Form CT-611.2	●
Form CT-612	●

Form CT-613	●
Form CT-631	●
Form CT-633	●
Form CT-634	●
Form CT-643	●
Form CT-651	●
Form CT-652	●
Form DTF-624	●
Other credits	●

116 Total tax credits claimed above (enter here and on line 16; see instructions) .....

● 116

117 Total tax credits claimed above that are refund eligible (see instructions) .....

● 117

118 If any member in the combined group is a captive REIT or captive RIC, mark an **X** in the box (see instructions for definitions) ..... 

Primary corporation name (if a member of an affiliated group)	EIN
Parent corporation name (if more than 50% owned by another corporation)	EIN

<b>Third – party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number (      )
		Designee's email address	PIN <input type="checkbox"/>

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title
	Email address of authorized person	Telephone number (      )	Date
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City State ZIP code
	Email address of individual preparing this return	Preparer's NYTPRIN or <input type="checkbox"/>	Excl. code Date

See instructions for where to file.

