



# CT-33-A/ATT

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

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*.

**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 ☐

File this form with Form CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*.

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

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

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

