



**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**

**All filers must enter tax period:** beginning  ending

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, 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.**

File this form with 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)

1 Total (add column D amounts; enter here and include on line 37 of Form CT-33-A or Form CT-33-A/B) • 11



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 (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 (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)
A						
B						
C						
D						
E						
Totals from attached sheet						
<b>2</b> Totals (add amounts in columns C, D, and E)						
• <b>2</b>		•		•		
<b>3</b> Allocated subsidiary capital (add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B) .....					• <b>3</b>	

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

	A Beginning of year	B End of year	C Average fair market value basis
<b>4</b> Total assets (see instructions) .....	<b>4</b>		
<b>5</b> Fair market value adjustment (attach computation; show any negative amounts with a minus (-) sign) .....	<b>5</b>		
<b>6</b> Nonadmitted assets from annual statement.....	<b>6</b>		
<b>7</b> Current liabilities (see instructions) .....	<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 (use same method to value assets as on lines 4 through 6) .....	<b>8</b>		



**Schedule D – Computation of adjustment for gains or losses on disposition of property acquired before 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.)

**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)

**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.

<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 (see instr.)</b>	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
	Email address of individual preparing this return		Preparer's NYTPRIN	or	Excl. code

