

CT-33-A/ATT Schedules A, B, C, D, and E – Attachment to Form CT-33-A Life Insurance Corporation Combined Franchise Tax Return

Frankrian identification number (FIAI)	All lilers lile	ıst enter tax period:	beginr	ning	ending						
Employer identification number (EIN)	File number	Business telephone numb	er								
		()									
Legal name of corporation	<u>'</u>		Trade	name/DBA							
Mailing name (if different from legal name above)			State or	country of incorporation	Date received (for Tax D)enartment use only)					
				, ,	Buto received (for rax B	opariment acc omy)					
C/o Number and street or PO Box			Date of	incorporation	-						
City	State ZIP code					Foreign corporations: date began business in NYS					
NAICS business code number (from NYS Pub 910)	S business code number (from NYS Pub 910) If you need to update for corporation tax, or				Audit (for Tax Department use only)						
NYS principal business activity		online. See Bus Form CT-1.	siness in	ness information in							
For all combined returns and attachmen corporations included in the combined re						t. The other					
Combined parent corporation legal name			P	arent employer iden	tification number						
oroperty, or maintain an office in the Me York, Bronx, Kings, Queens, Richmond, (Mark an X in the appropriate box.)	Dutchess, Nassau		, Rockla	nd, Suffolk, and	l Westchester.)						
This form must be completed for eac File this form with Form CT-33-A, Life In Schedule A – Allocation of reinsur	h corporation in the surance Corporation	he combined grou on Combined Fran	u p. chise Ta	x Return.							
This form must be completed for eac File this form with Form CT-33-A, <i>Life In</i>	h corporation in to surance Corporation rance premiums	he combined groups on Combined France	up. chise Ta	x Return.							
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Legal nar	ne of corpo	oration	EIN	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 nam ines below)	e of each corporation and the	e EIN	I here; for each corporation	complete colu	umns B through G on the		
Item			Name				EIN		
Α									
В									
С									
D									
E									
A Item	B % of voting stock owned	C Average fair market value (see instructions)	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)		
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 or	n line	e 52 of Form CT-33-A or				
Fo	Form CT-33-A/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
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				
	accets as on lines 1 through 6)	Q			

Totals from attached sheet 9 Totals (add amounts in columns E and F)	Schedule		on of adjustment for 1974 (you may no longe									str.)
9 Totals (add amounts in columns E and F)		ion of property	Cost	price or valu on Jan. 1, 19	C – Fair market price or value va on Jan. 1, 1974 on		ealized osition	New gain o	York or loss		F Federal	
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												-
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10 New York adjustment (subtract line 9, column F, from line 9, column E; enter here and on line 68 of Form CT-33-A or Form CT-33-A/B; use a minus sign for negative amounts) 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) A Name and address (give actual residence; attach separate sheet if necessary) Social Security number Official title Salary and all ot compensation rece from corporation Totals from attached sheet 11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) 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 are belief true, correct, and complete. Printed name of authorized person Signature of authorized person Telephone number Date Prime I amme (or yours if self-employed) Preparer's PTIN or SSN Preparer's PTIN or SSN	Totals from	attached sheet										
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) A Name and address (give actual residence; attach separate sheet if necessary) Totals from attached sheet	9 Totals	(add amounts in col	umns E and F)				9					
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Name and address (give actual residence; attach separate sheet if necessary) Totals from attached sheet Totals from attached sheet Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts) Totals (Schedule											
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Totals from attached sheet									l title	Salary and all other		
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11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
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11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)	Totals from	attached sheet										
Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York S 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 are belief true, correct, and complete. Authorized person Signature of authorized person Official title Email address of authorized person Telephone number () Date Paid Paid Propagare Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN										11		
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only (see instr.) Email address of individual preparing this return Preparer's NYTPRIN or Excl. code Date		Email address of Indivi	duai preparing this return			Pre	Preparer's NYTPRIN or Excl			oae	Date	

