



CT-33-X Information Return for Members of the New York Insurance Exchange

For calendar year **1989** or taxable period:

beginning

ending

Mail completed return to: NYS Corporation Tax Processing Unit P.O. Box 1909 Albany, NY 12201-1909 within 2½ months after close of reporting period.	Employer identification number	File number	For office use only
	Name		
	Number and street		
	City or town	State	

Schedule A — Computation of New York Allocation Percentage

1 Premiums on risks located in New York	1	
2 Total premiums	2	
3 New York premium percentage (divide line 1 by line 2)	3	%
4 Weighted New York premium percentage (multiply line 3 by nine)	4	%
5 New York wages	5	
6 Total wages	6	
7 New York wage percentage (divide line 5 by line 6)	7	%
8 Total New York percentages (add line 4 and line 7)	8	%
9 Allocation percentage (divide line 8 by ten)	9	%

Schedule B — Identification of Participants

Participant A	Name of participant	Employer identification or social security number
	Number and street	
	City or town	

Participant B	Name of participant	Employer identification or social security number
	Number and street	
	City or town	

Participant C	Name of participant	Employer identification or social security number
	Number and street	
	City or town	

Certification

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

Date	Signature of member	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Schedule C — Distribution and Allocation of Entire Net Income

		Total	Participant A	Participant B	Participant C
10 Form of business organization (corporation, partnership, individual, etc.)	10				
11 Percentage of participation - enter percentage for each participant	11	100%			
12 Federal taxable income	12				
Additions					
13 Dividend or interest income not included in line 12	13				
14 Other (<i>explain</i>)	14				
15 Total (<i>add lines 12, 13 and 14</i>)	15				
Subtractions					
16 50% of dividends from nonsubsidiary corporations	16				
17 Other (<i>explain</i>)	17				
18 Add lines 16 and 17	18				
19 Entire net income (<i>subtract line 18 from line 15</i>)	19				
20 Allocation percentage from line 9, Schedule A	20				
21 Allocated entire net income (<i>multiply line 19 by line 20</i>)	21				

22 Was any interest paid to a stockholder of a corporate participant? Yes No
 If Yes, submit full details.