CT-33-A New York State Department of Taxation and Finance Insurance Corporation Combined Frenchise T

New York State Department of Taxation and Finance

1998 calendar yr. filers, check box
Other filers enter tax period:

_							OIN(– Arti			ncr	iise	iax Return	beginning ending	
Employe	er identification n	-							File nui	mber		If address on return is new, check box (see instructions).	For office use	only
Mailing name and address	Legal name of Mailing name (i C/O Number and sti	different fro		name abo	ve) and a	ddress	Sta	P	LACE L	ABEL	HERE	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.		i
Cl:	Check box if overpayment claimed Complete Form CT-33, lines 30 through 129, for each member of the combined group and file them with this return. (See Form CT-33-A-I, <i>Instructions for Form CT-33-A</i> , for assistance.)													
•	ou do busine: portation Dis		•	al, own	_		•					opolitan Commuter Form CT-33-M.		
	ayment — p				n line	26. M	ake cl	heck	payable	to: N	ew York	State Corporation Ta	X	Payment enclosed

Schedule K — Computation of Tax and Installment Payments of Estimated Tax

1	Combined allocated entire net income from line 47	L	1	•	
2	Combined allocated capital from line 49 × .0016	L	2	•	
3	Combined alternative base (see instructions)	L	3	•	
4	Minimum tax for parent corporation only	L	4		250 00
	Combined allocated subsidiary capital from line 51	L	5	•	
	Combined franchise tax (line 1, 2, 3, or 4, whichever is largest, plus line 5)	L	6	•	
7	Life insurance company premiums from line 52, column C × .007	L	7	•	
8	Accident and health premiums from line 53, column C	L	8	•	
9	- · · · · · · · · · · · · · · · · · · ·	L	9	•	
10	Total additional franchise tax (add lines 7, 8, and 9)	L	10	•	
11	Combined minimum tax for subsidiaries - number of subsidiaries • multiply by \$250	L	11	•	
12	Total (add lines 6, 10, and 11)	L	12	•	
	Section 1505 Limitation on Tax:				
13	Life insurance company premiums from line 55, column C	∟	13	•	
14	Nonlife insurance company premiums from line 56, column C \dots \times .026 \dots		14	•	
15	Total limitation on tax (add lines 13 and 14)		15		
16	Tax from line 12 or 15, whichever is less (see instructions if claiming EDZ or ZEA credits)		16	•	
17	Tax credits − Taxes on certain fire insurance premiums (enter amount)				
	● Retaliatory Tax ● CT-41 ● CT-43 ● CT-45 ■ DTF-601 ■ DTF-601.1 ■ DTF-602	2			
	(attach forms; see instructions for Form CT-33, line 12, if more than one credit is claimed)		17		
18	Tax due (subtract line 17 from line 16; if negative amount, enter "0" and see instructions)		18		
9a	If a request for extension was filed, enter amount from Form CT-5.3, line 5	1	9a		
9b	If Form CT-5.3 was not filed and line 18 is over \$1,000, enter 25% (.25) or 40% (.40) of line 18 (see instructions)	1	9b		
20	Total (add line 18 and line 19a or 19b)		20		
21	Total prepayments from line 66		21		
22	Balance (if line 21 is less than line 20, subtract line 21 from line 20)	∟	22		
23	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached; if none, enter "0").		23		_
24	Interest on late payment (see instructions)	•• ⊢	24		
25	Late filing and late payment penalties (see instructions)		25		
26	Balance Due (add lines 22 through 25; enter payment on line A above)		26		
27	Overpayment (if line 20 is less than line 21, subtract line 20 from line 21)		27		
28	Amount of overpayment to be credited to next period		28		
	Balance of overpayment (subtract line 28 from line 27)		29		\dashv
	Amount of overpayment to be credited to Form CT-33-M	· · ·	30		
	Refund of overpayment (subtract line 30 from line 29)		31		
	Refund of excess retaliatory tax credit (see instructions)		32		
33	Combined group issuer's allocation percentage from line 59		33		%

			Parent
Sche	dule L - Computation of Combined Allocation Percentage		
34	New York premiums from Form CT-33, Schedule B, line 37	34	
	Total premiums from Form CT-33, Schedule B, line 38	35	
	New York premiums percentage (divide line 34 by line 35)	36	
37	Weighted New York premiums percentage (multiply line 36 by nine)	37	
38	New York wages from Form CT-33, Schedule B, line 41	38	
39	Total wages from Form CT-33, Schedule B, line 42	39	
40	New York payroll percentage (divide line 38 by line 39)	40	
41		41	
42	Combined allocation percentage (divide line 41 by ten).	42	
	dule M - Computation of Combined Subsidiary Allocation Percentage		
43	New York subsidiary capital from Form CT-33, Schedule C, line 47	43	
	Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	44	
	Combined subsidiary allocation percentage (divide line 43 by line 44)	45	
	dule N - Computation of Combined Allocated New York Income		
46	Entire net income from Form CT-33, Schedule G, line 88	46	
47	Combined allocated entire net income (multiply line 46 by line 42; enter here and in box on line 1)	47	
Sche	dule O - Computation of Combined Allocated New York Capital		
48	Business and investment capital from Form CT-33, Schedule D, line 57	48	
	Combined allocated capital (multiply line 48 by line 42; enter here and in box on line 2)	49	
	dule P - Computation of Combined Allocated Subsidiary Capital		
50	Subsidiary capital from Form CT-33, Schedule D, line 54	50	
51	Combined allocated subsidiary capital (multiply line 50 by line 45; enter here and on line 5)	51	
Sche	dule Q - Analysis of Schedule H, Form CT-33		
52	Life insurance company premiums from Form CT-33, Schedule H, line 93, column A (enter combined total here and on line 7)	52	
	Nonlife insurance company premiums:		
53	Accident and health premiums from Form CT-33, Schedule H, line 94, column A (enter combined total here and on line 8)	53	
54	Other insurance premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and on line 9)	54	
Sche	dule R - Limitation on Tax		
55	Life insurance company premiums from Form CT-33, line 99	55	
56	Nonlife insurance company premiums from Form CT-33, line 99	56	
Sche	dule S - Computation of Issuer's Allocation Percentage		
57	New York gross direct premiums from Form CT-33, Schedule J, line 121	57	
58	Total gross direct premiums from Form CT-33, Schedule J, line 122	58	
	Issuer's allocation percentage (divide line 57 by line 58; enter here and on line 33)	59	
	complete names and employer identification numbers for all members of ditional pages, if necessary).	of th	nis combined group (attach
	Names		Employer Identification Number
Pare	nt		
Subs	idiary #1		
Subs	idiary #2		
Subs	idiary #3		
Subs	idiary #4		
Subs	idiary #5		
Subs	idiary #6		

Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A _{Total}	B Intercorporate Eliminations	С	Combined Totals (col. A – col. B)
			Sched	ule L	Liiiiiiiddollo		(001.71 001. B)
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Composition	of Prepaymen	its Claimed on	i line Zi				
00.14	.			Г	Date Paid		Amount
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61 C1-400 ins	tallments of combir	nea group					
					(2)		
62 Payment w	rith extension applic	cation Form CT-5	3 line 8		62		
	prior years combi			_	63		
	Form CT-33-M				64 Period		
	lyments from subsi						
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			ments are to the b		wledge and belief true, o		
Signature of elected	officer or authorized per	son		Official title		Date	9
Firm's name (o	r yours if self-employed)				ID number	Date	e
Address Address					Signature of individual prepa	ring this re	eturn

When and Where to File

File your return within $2\frac{1}{2}$ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany, NY 12201-2038.

Private Delivery Services

The date recorded or marked by certain private delivery services, as designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance, will be treated as a postmark, and that date will be considered to be the date of delivery in determining whether your return was filed on time. (Designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need Help?* below for information on ordering forms and publications.) If you use any private delivery service, address your return to: **State Processing Center, 431C Broadway, Menands NY 12204**.

Privacy Notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. For business tax information and forms, call the Business Tax Information Center at 1 800 972-1233. For general information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - http://www.tax.state.ny.us
Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.