CT-33-A/		State Department of Taxation Edules A, B,		and F		
2006	Attac Life In	chment to F surance Corpo ined Franchise	Form C	T-33-A	N	
		must enter tax period:			ending	
Employer identification number (EIN)	File number	Business telephone numbe				
Legal name of corporation		()	Trade name/E	DBA		
Mailing name (if different from legal name above)			State or count	ry of incorporation	Date received (for Tax Department us	e only
C/O Number and street or PO box			Date of incorp	ooration		
City	State	ZIP code	Foreign corpora business in NY	ations: date began S		
NAICS business code number (see instructions)	If address above	If your name, employer id			Audit (for Tax Department use only)	
	is new, mark an X in the box	or owner/officer informati	your address h	as changed,		
Principal business activity		you may file Form DTF-9 from our Web site, or by f in the instructions.	6. You can get ax or phone. S	hese forms ee Need help?		
ombined parent corporation name			Parent emplo	yer identificatio	n number	
operty or maintain an office in the M onx, Kings, Queens, Richmond, Dut	etropolitan Commuter tchess, Nassau, Oran	Transportation Distri ge, Putnam, Rockland	ct (MCTD)? I, Suffolk, a	(The MCTE nd Westches) includes counties of New ster.)	Yo
operty or maintain an office in the M ronx, Kings, Queens, Richmond, Dut (Mark an X in the appropriate box.) his form must be completed for ea	etropolitan Commuter tchess, Nassau, Oran	Transportation Distri ge, Putnam, Rockland e combined group.	ct (MCTD)? I, Suffolk, a	(The MCTE nd Westches) includes counties of New ster.)	Yo
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Name	Employer identification number

Schedule B — Computation and allocation of subsidiary capital (see instructions; attach separate sheet if necessary)

		subsidiary capital <i>(list the nam</i> <i>ines below)</i>	e of each corporation and the	EIN here; for each corporation	n complete col	umns B through G on the
Item			EIN			
А						
В						
С						
D						
E						
A Item	B % of voting stock owned	C Average fair market value	D Current liabilities attributable to subsidiary capital	E Net average fair market value (column C – column D)	F Issuer's allocation %	G Value allocated to New York State (column E × column F)
А						
В						
С						
D						
E						
Totals from at	tached sheet					
2 Tota	ls <i>(add am</i>	ounts in columns C, D, and E)			_	
	• 2.		•	•		
3 Alloo	cated sub	sidiary capital <i>(add column G</i>	amounts; enter here and on	line 52 of Form CT-33-A or		
Fo	rm CT-33-A	Α∕Β)			• 3.	

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 from annual statement (balance sheet)	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	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) 				
assets as on lines 4 through 6)	8.			

Schedule D — Computat							
January 1, 1974 (you maABDescription of property (attach separate sheet if necessary)Cost		C Fair market price or value on Jan. 1, 1974	Value realized on disposition	New	E / York or loss	F Federal gain or loss	
							+
							_
							+
							+
Totals from attached sheet							
9 Totals (add amounts in col	umns E and F)).			
10 New York adjustment (su	ıbtract line 9, column F,	from line 9, column E; e	nter here and on line 6	58 of			
Form CT-33-A or Form C	CT-33-A/B; use a minus s	sign for negative amoun	ts)		10.		
Schedule E — Officers (a compensation		ed) and certain st wning more than 5% of ta					

Α	В	С	D
Name and address (give actual residence; attach separate sheet if necessary)	Social security number	Official title	Salary and all other compensation received 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)	

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.

Sign	ature of authorized person			Official title		Date
eparer only	Signature of individual preparing this return		Firm's name (or yours if self-er	nployed)		
Paid pr use	Address	City	State ZI	P code	ID number	Date

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