



CT-33-A/ATT

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New York State 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	
Employer identification number (EIN)	File number	Business telephone number			
Legal name of corporation		Trade name/DBA			
Mailing name (if different from legal name above)		State or country of incorporation	Date received (for Tax Department use only)		
c/o		Date of incorporation			
Number and street or PO box					
City	State	ZIP code	Foreign corporations: date began business in NYS		
NAICS business code number (see instructions)	If address above is new, mark an X in the box <input type="checkbox"/>	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms from our Web site, or by fax or phone. See <i>Need help?</i> in the instructions.		Audit (for Tax Department use only)	
Principal business activity					

Combined parent corporation name	Parent employer identification number
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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.
Attach this form to 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)

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation %	D Reinsurance premiums allocated to New York State (column B x column C)
Totals from attached sheet			

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

Name	Employer identification number
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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	D Current liabilities attributable to subsidiary capital	E Net average fair market value <i>(column C – column D)</i>	F Issuer's allocation %	G Value allocated to New York State <i>(column E × column F)</i>	
A							
B							
C							
D							
E							
Totals from attached sheet							
2 Totals <i>(add amounts in columns C, D, and E)</i>							
• 2.							
3 Allocated subsidiary capital <i>(add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B)</i> • 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 <i>(balance sheet)</i> ...	4.		
5 Fair market value adjustment <i>(attach computation; show any negative amounts with a minus (-) sign)</i>	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 <i>(use same method to value assets as on lines 4 through 6)</i>	8.		

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