			All	filers mu	st enter tax per	iod:
Amended return			beginning		ending	
Employer identification number (EIN)	File number	Business telephone nu	mber			If you claim an overpayment, mark
		()				an X in the box
Legal name of corporation			Trade name/DBA			
Mailing name (if different from legal name above)			State or country of inc	corporation	Date received (for Ta	ax Department use only)
c/o			-			
Number and street or PO box			Date of incorporation	1		
City	State	ZIP code	Foreign corporations: d business in NYS	late began		
			business in NY 3			
NAICS business code number (see instructions)	If address above is new, mark an		er identification number nation has changed, yo		Audit (for Tax Depar	tment use only)
Principal business activity	X in the box	file Form DTF-95. If c	nly your address has ch F-96. You can get these	nanged,		
			by fax, or phone. See N			
During the tax year did you do busine: Metropolitan Commuter Transportation A. Pay amount shown on line 21. M	n District? If Yes, you r ake payable to: New y	nust file Form CT-	33-M (see instruction ation Tax	ns)	Yes	ent enclosed
Attach your payment here. Detac						
 Attach your payment here. Detac B. Federal return filed: (mark an X in 				n.		
B. Federal return filed: <i>(mark an X in</i>			/our federal retur	n. Dther:		•
B. Federal return filed: <i>(mark an X in</i>	one box) Attach a c 1120-PC •	omplete copy of y Consolidated bas Il stock of a real es	your federal retur is •	Dther: ust (REIT), a regulated	•
 B. Federal return filed: (mark an X in Form 1120-L • Form C. Mark an X in the box if you own of the second sec	one box) Attach a c 1120-PC •	omplete copy of y Consolidated bas Il stock of a real es or a RIC holding co	your federal retur is ●	Dther:), a regulated	
 B. Federal return filed: (mark an X in Form 1120-L • Form C. Mark an X in the box if you own o investment company (RIC), a RE 	one box) Attach a c 1120-PC •	omplete copy of y Consolidated bas Il stock of a real es or a RIC holding co	your federal retur is ●	Dther:), a regulated	
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Staple forms here

Attach a copy of your complete federal return, a copy of your *Annual Report of Premiums* and *Exhibit of Premiums and Losses* (New York) as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement: Assets; Liabilities, Surplus and Other Funds;* the *Summary by Country* portion of Schedule D; the *Exhibit of Premiums Written, Schedule T;* and *Reinsurance Assumed*, Part 1 of Schedule S.

Computation of tax and installment payments of estimated tax

1	Allocated entire net income (ENI) from line 82	•	1.	
2	Allocated business and investment capital from line 58 • × .0016	•	2.	
3	Alternative tax (see instructions; attach computation)	•	3.	
4	Minimum tax		4.	250 00
5	Allocated subsidiary capital from line 47 • × .0008	•	5.	
6	Life insurance company premiums from line 86, column A • × .007	•	6.	
7	Total tax (amount from line 1, 2, 3, or 4, whichever is greatest, plus lines 5 and 6)	•	7.	
8	Section 1505(b) floor limitation on tax (enter amount from line 86, column B) • × .015	•	8.	
9a	Tax before EZ and ZEA tax credits (enter amount from line 7 or 8, whichever is greater)	•	9a.	
9b	EZ and ZEA tax credits claimed (enter amount from line 100)	•	9b.	
9c	Tax after EZ and ZEA tax credits (subtract line 9b from line 9a)	•	9c.	
10	Section 1505(a)(2) limitation on tax (enter amount from line 88) • × .02	•	10.	
11	Tax (enter amount from line 9c or line 10, whichever is less)	•	11.	
12	Tax credits (enter amount from line 101)			
13	Tax due (subtract line 12 from line 11; if less than zero, enter 0)		13.	
First	installment of estimated tax for next period:			
14a	If you filed a request for extension, enter amount from Form CT-5, line 2	• • •	14a.	
14b	If you did not file Form CT-5 and line 13 is over \$1,000, enter 40% (.4) of line 13		14b.	
15	Total (add line 13 and line 14a or 14b)		15.	
16	Total prepayments from line 99	•	16.	
17	Balance (if line 16 is less than line 15, subtract line 16 from line 15)	<u></u>	17.	
18	Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached)	•	18.	
19	Interest on late payment (see instructions)	•	19.	
20	Late filing and late payment penalties (see instructions)	•	20.	
21	Balance due (add lines 17 through 20 and enter here; enter the payment amount on line A)		21.	
22	Overpayment (if line 15 is less than line 16, subtract line 15 from line 16)		22.	
23	Amount of overpayment to be credited to next period		23.	
24	Balance of overpayment (subtract line 23 from line 22)	• • •	24.	
25	Amount of overpayment to be credited to Form CT-33-M	•	25.	
26	Refund of overpayment (subtract line 25 from line 24)		26.	
27a	Refund of tax credits (see instructions)		27a.	
27b	Tax credits to be credited as an overpayment to next year's tax return (see instructions)		27b.	
28	Issuer's allocation percentage from line 91	•	28.	%
29	Reinsurance allocation percentage from line 39	•	29.	%

Schedule A — Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; 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 × column C)
Totals from attached sheet			
30 Total (add column D amounts; enter here and	l include on line 34)	• 30.	

Schedule B — Computation of allocation percentage (if you do not claim an allocation, enter 100 on line 45; see instructions)

31	New York taxable premiums	31.			
32	New York ocean marine premiums	32.			
33	New York premiums for annuity contracts and insurance for the elderly •	33.			
34	New York premiums on reinsurance assumed (see instructions)	34.			
35	Total New York gross premiums (add lines 31 through 34)	35.			
36	New York premiums ceded that are included on line 35	36.			
37	Total New York premiums (subtract line 36 from line 35)	37.			
38	Total premiums	38.			
39	New York premium percentage (divide line 37 by line 38; enter here and on line	29).	•	39.	%
40	Weighted New York premium percentage (multiply line 39 by nine)		•	40.	%
41	New York wages, salaries, personal service compensation,				
	and commissions	41.			
42	Total wages, salaries, personal service compensation,				
	and commissions	42.			
43	New York payroll percentage (divide line 41 by line 42)		•	43.	%
44	Total New York percentages (add lines 40 and 43)		•	44.	%
45	Allocation percentage (divide line 44 by ten; if line 39 or 43 is zero, see instruction	ns)	•	45.	%

Schedule C — Computation and allocation of subsidiary capital (attach separate sheets displaying the information formatted as below if necessary)

	cription of su s below)	ibsidiary capital (list the name of	of each corporation and the EIN I	here; for each corporation, complete	columns B throu	igh G on the corresponding			
Item			Name			EIN			
А									
В									
С									
D									
E									
F									
G									
H		-	_			-			
A Item	B % of voting stock owned	C Average fair market value	D Average value of 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 (see instructions)			
А									
В									
С									
D									
E									
F									
G									
Н									
Totals fr	-								
	d sheet								
	46 Totals (add amounts								
	olumns C, D,								
and and	/	aidiony conital (add a trans		the first here on line ()					
41 All	ocated subs	siciary capital (add column	G amounts; enter nere and in	n the first box on line 5)					

				A Beginning of yea	r		B End of ye	ear				Ave	C rage fair value ba	market Isis	
48	Total assets from ann	ual statement				•					•				Τ
	(balance sheet)	•								48.					
49	Fair market value adj	ustment (attach									•				
	computation; if negati	ve amount, use													
	a minus (-) sign)									49.					
50	Nonadmitted assets from	annual statement								50.	•				
51	Total assets (add lines	48, 49, and 50) •				•				51.	•				
52										52.	•				
53	Total capital (subtract	line 52 from line 51)													+
54	- · · · · · · · · ·	,													-
-	Business and investm														+
	Assets, excluding subsi			Beginning of yea			End of y				•				-
	included on line 54, h	eld as reserves		o											
	under New York State														
	sections 1303, 1304, (use same method to value ass									56.					
57	Adjusted business an	/	tal	aubtraat lina EE f	rom lin	0.55)									+
	Allocated business an								• • •	57.					+
50	from line 45; enter he									EO					
Cale				-							din e el	h of o			
Sche		o longer report gair								incon				•	,,4
П	A escription of property	B Cost		C Fair market pr	ice	\/al	D ue realized		Ν	E Iew Y	ork			F Federal	
	h separate sheet if necessary)	0031		or value on			disposition		-	in or			ç	ain or loss	
	· · · ·			January 1, 19	74										
Total	s from attached sheet														-
	Totals (add amounts in	columns F and F)					5	9.							+
	New York adjustment	,							56·						+
	use a minus (-) sign f											60.			
Sch	edule F — Officers	-											not roco	ivina anv	
JUIN	compensa	tion, and all stockho	olde	ers owning more	than 5	5% of ta	xpaver's issi	ued ca	pital s	tock	who re	ceive	ed anv c	ompensati	on)
	1	Α				В			, (,	, D	
	Nam	e and address			5	Social se	ecurity		Officia	al title	•			ind all othe	
		actual residence;	4			numt	ber					C		ation receivor	ed
	allach sepa	rate sheet if necessary,)									_	HOIL C	orporation	
															+
												_			
												_			_
	s from attached sheet														
61	Totals (add column D a	mounts)									• • 61	1.			

Schedule D — Computation and allocation of business and investment capital

Schedule G — Computation and allocation of ENI (see instructions)

62	Federal taxable income before operations loss or net operating loss (NOL) (see instructions)	62.	
Addi	tions		
63	Dividends-received deduction (used to compute line 62)	63.	
64	Dividend or interest income not included in line 62 (attach list)	64.	
65	Interest to stockholders: less 10% or \$1,000, whichever is greater	65.	
66	Adjustment for gains or losses on disposition of property acquired before January 1, 1974		
	(from line 60)	66.	
67	Deductions attributable to subsidiary capital (attach list; see instructions)	67.	
68	New York State franchise tax deducted on federal return (attach list)	68.	
69a	Amount deducted on your federal return as a result of a safe harbor lease	69a.	
69b	Amount that would have been required to be included on your federal return except for a		
	safe harbor lease	69b.	
70	Total amount of federal depreciation from Form CT-399 (see instructions)	70.	
71	Other additions (attach explanation on separate sheet; see instructions)	71.	
72	Total (add lines 62 through 71)	72.	
Subt	ractions		
73	Interest, dividends, and capital gains from subsidiary capital (attach list; see instructions)	73.	
74	Fifty percent of certain dividends (attach list; see instructions)	74.	
75	Gain on installment sales made before January 1, 1974 (attach list)	75.	
76	New York operations loss or NOL (attach statement showing computation)	76.	
77a	Amount included on your federal return as a result of a safe harbor lease	77a.	
77b	Amount that could have been deducted on your federal return except for a safe harbor lease \bullet	77b.	
78	Total amount of New York depreciation allowed under Article 33 section 1503(b) from		
	Form CT-399 (see instructions)●	78.	
79	Other subtractions (attach explanation on separate sheet; see instructions)	79.	
80	Total subtractions (add lines 73 through 79)	80.	
81	ENI (subtract line 80 from line 72)	81.	
82	Allocated ENI (multiply line 81 by line 45; enter here and in the first box on line 1)	82.	

Schedule H — Computation of premiums (see instructions)

Life i	nsurance companies		A Premiums taxable under section 1510		B Premiums included in tax limitation/floor computation — section 1505
83	Life insurance premiums	83.			
84	Accident and health insurance premiums	84.			•
85	Other insurance premiums (attach list)	85.			•
86	Total (add lines 83, 84, and 85; enter column A total in the first box on line 6				•
	and enter column B total in the first box on line 8)	86.			
87	Insurance corporations who receive more than 95% of their premiums f ocean marine insurance, and group insurance on the elderly (see insta		•	87.	
88	Total (add lines 86 and 87, column B; enter total here and in the first box on line	9 10)	•	88.	
Sche	edule I — Computation of issuer's allocation percentage				

89	New York gross direct premiums	89.	
90	Total gross direct premiums	90.	
91	Issuer's allocation percentage (divide line 89 by line 90; enter here and on line 28)	91.	%

Date paid Amount 92 Mandatory first installment. 92 Mandatory first installment from Form CT-400. 93 93 94 93 93 94 93 94 94 93 94 94 93 94 94 94 93 94 94 94 94 94 94 94 95 94 94 94 94 95 94 94 94 94 95 97 94 96 97 94 96 97 95 99 70 97 98 97 98 97 98 97 98 97 98 97 98 98 97 98 97 98 98 97 98 70 70 70 70 </th <th>Schedule J — Composition of prepayments</th> <th>(see instructions)</th> <th></th> <th></th>	Schedule J — Composition of prepayments	(see instructions)		
33 93 94 Third installment from Form CT-400			Date paid	Amount
94 Third installment from Form CT-400 94 95 95 Fourth installment from Form CT-400 95 96 Payment with extension request from Form CT-5, line 5 96 97 Overpayment credited from Form CT-3.4M 96 98 Overpayment credited from Form CT-3.3M 98 99 Total prepayments (add lines 82 through 98; enter there and on line 16) 99 99 Total prepayments (add lines 82 through 98; enter there and on line 16) 99 90 Total prepayments (add lines 82 through 98; enter there and on line 16) 99 90 Total prepayments (add lines 82 through 98; enter there and on line 16) 99 90 Total prepayments (add lines 82 through 98; enter there and on line 90) Form CT-601.1 91 Total prepayments (add lines 82 through 98; enter there and on line 90) Form CT-604 92 Ez capital tax credits claimed above; amount cannot reduce the tax to less than the minimum tax (enter here and on line 90) • 92 tractistic statisch appropriate form or statement for each credit claimed) Form CT-604 94 Form CT-3.1 • Form CT-604 94 Credit tor employment • CF-604 94 Credit tor employment • CF-604 95 Credit or employment • CF-604 96 Credit tor enal property taxes.	92 Mandatory first installment		92.	
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96 Payment with extension request from Form CT-5, line 5	94 Third installment from Form CT-400		94.	
97 Overpayment credited from prior years 97. 98. 97. 98. 98. 99. 90. 99. 90. <td>95 Fourth installment from Form CT-400</td> <td></td> <td>95.</td> <td></td>	95 Fourth installment from Form CT-400		95.	
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See instructions for where to file.