

CT-33-A/ATT 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

			ust enter tax period		iii ig		ending	
Employer identification number (EIN)	F	File number	Business telephone num ()	nber				
Legal name of corporation	-			Trade r	ame/DBA			
Mailing name (if different from legal name above)				State or	r country of incorp	ooration	Date received (for 1	ax Department use on
c/o								
Number and street or PO box				Date of	incorporation			
City		State	ZIP code		corporations: date s in NYS	began		
NAICS business code number (from federal return)	If address/pho above is new, mark an X in t		If you need to update y information for corpora types, you can do so o	ation tax, or	other tax		Audit (for Tax Depa	rtment use only)
Principal business activity	man an an an		www.nystax.gov and lo option. Otherwise, see instructions.	ook for the c	hange my ado	lress		
tropolitan transportation businese property or maintain an office in w York, Bronx, Kings, Queens, Rich Mark an X in the appropriate box.)s form must be completed for ea	n the Metropo chmond, Dutc	olitan Com hess, Nas	muter Transportati sau, Orange, Putn	am, Rock	ct (MCTD)? dand, Suffo	(The lk, an	MCTD includ d Westcheste	es counties of er.)
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Legal nar	al name of corporation					Employer identification number				
Schedu	le B — (Computation and alloc	ation of subs	sidiary cap	ital (see inst	ructions; attach se	eparate she	et if necessary)		
		subsidiary capital (list the nar lines below)	me of each corpo	ration and the	EIN here; for	each corporation	complete d	columns B through G on the		
Item			Nam	ne				EIN		
Α										
В										
С										
D										
E			_		1					
A Item	8 % of voting stock owned C		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)		
Α										
В										
С										
D										
E										
Totals from at	tached sheet									
2 Tota	ls (ad <u>d am</u>	ounts in columns C, D, and E	5)				7			
	2 .				•		-			
3 Alloc	cated sub	sidiary capital (add column	G amounts; enter	r here and on	line 52 of For	m CT-33-A or				
Fo	rm CT-33	A/B)					● 3.			
Schedu	le C — (Computation of busine	ess and inves	tment cap	ital (see insti	ructions)				
				Beginnir	A g of year	B End of y	rear	C Average fair market value basis		
4 Tota	l assets (s	see instructions)	4.							
5 Fair	market va	llue adjustment (attach comp	outation;	<u> </u>						
sho	w any nega	ative amounts with a minus (-)	sign) 5.							
6 None	admitted	assets from annual staten	nent 6.							
7 Curr	ent liabilit	ties	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)

			t for gains or los nger report gain or los					
	A on of property e sheet if necessary)	B Cost	Fair market price or value on Jan. 1, 1974	Value re on disp	ealized	E New York gain or loss		F Federal gain or loss
Totals from a	attached sheet							
9 Totals (add amounts in colun	nns E and F)			9.			
10 New Yo	ork adjustment (sub	tract line 9, column F	from line 9, column	E; enter here an	nd on line 68	of		
Form	CT-33-A or Form CT-	-33-A/B; use a minus	sign for negative am	ounts)			10.	
	E — Officers (ap compensation, a		wning more than 5%					
		A		ь		C		U
	(give actu	nd address al residence; sheet if necessary)		Social securit number	ty	Official title		Salary and all othe compensation receive from corporation
	(give actu	al residence;			ty	Official title		compensation receive
	(give actu	al residence;			ty	Official title		compensation receive
	(give actu	al residence;			ty	Official title		compensation receive
	(give actu	al residence;			ty	Official title		compensation receive
Totals from a	(give actu	al residence; sheet if necessary)		number				compensation receive
	(give actur attach separate	al residence; sheet if necessary)		number				compensation receive
11 Totals (Certification State Law an	(give acturated separated) (give acturated) (give acturat	al residence; sheet if necessary) ats; enter here and or es of perjury, I dec he group tax liabili	line 87 of Form CT-S	number	T-33-A/B)	n a combined b	11.	compensation receive from corporation
11 Totals (Certification State Law an	attached sheet attached sheet add column D amount i Under the penalti d is also liable for t e, correct, and con Signature of authoriz	al residence; sheet if necessary) ats; enter here and or es of perjury, I dec he group tax liabilinplete. ed person	line 87 of Form CT-S	number	r-33-A/B)	n a combined b	11.	compensation receive from corporation
11 Totals (Certification State Law an and belief tru	attached sheet attached sheet add column D amount if under the penalti d is also liable for te, correct, and con	al residence; sheet if necessary) ats; enter here and or es of perjury, I dec he group tax liabilinplete. ed person	line 87 of Form CT-S	number 33-A or Form C7 oration is allowed this return an	r-33-A/B)	n a combined b	pasis u	compensation receive from corporation
Certification State Law an and belief tru Authorized person	attached sheet attached sheet add column D amount i Under the penalti d is also liable for t e, correct, and con Signature of authoriz	al residence; sheet if necessary) ats; enter here and or es of perjury, I deche group tax liabilinplete. ed person thorized person	line 87 of Form CT-S	number 33-A or Form C7 oration is allowed this return an	r-33-A/B)	n a combined b	pasis u	inder New York
11 Totals (Certification State Law an and belief tru Authorized person Paid	attached sheet attached sheet add column D amount is Under the penalti d is also liable for t e, correct, and con Signature of authoriz E-mail address of au	al residence; sheet if necessary) this; enter here and or es of perjury, I deche group tax liabilinplete. ed person thorized person employed)	line 87 of Form CT-S	number 33-A or Form C7 oration is allowed this return an	r-33-A/B)	n a combined b	pasis u	inder New York est of my knowled

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