



CT-33-X
(8/91)

**Information Return for Members of
the New York Insurance Exchange**

For taxable period:

beginning

ending

Mail completed return to: NYS Corporation Tax Processing Unit P.O. Box 1909 Albany, NY 12201-1909 within 2½ months after close of reporting period.	Employer identification number	File number	<i>For office use only</i>
	Name		
	Number and street		
	City or town	State	

Schedule A — Computation of New York Allocation Percentage

1 Premiums on risks located in New York	1	
2 Total premiums	2	
3 New York premium percentage (divide line 1 by line 2)	3	%
4 Weighted New York premium percentage (multiply line 3 by nine)	4	%
5 New York wages	5	
6 Total wages	6	
7 New York wage percentage (divide line 5 by line 6)	7	%
8 Total New York percentages (add lines 4 and 7)	8	%
9 Allocation percentage (divide line 8 by ten)	9	%

Schedule B — Identification of Participants

Participant A	Name of participant	Employer identification or social security number	
	Number and street		
	City or town	State	ZIP code
Participant B	Name of participant	Employer identification or social security number	
	Number and street		
	City or town	State	ZIP code
Participant C	Name of participant	Employer identification or social security number	
	Number and street		
	City or town	State	ZIP code

Certification - I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Date	Signature of member	Official title
Date	Signature of individual or name of firm preparing this return	Preparer's address

Schedule C — Distribution and Allocation of Entire Net Income

		Total	Participant A	Participant B	Participant C
10	Form of business organization (corporation, partnership, individual, etc.)	10			
11	Percentage of participation - enter percentage for each participant	11	100%		
12	Federal taxable income	12			
	Additions				
13	Dividend or interest income not included in line 12	13			
14	Other (explain)	14			
15	Total (add lines 12, 13 and 14)	15			
	Subtractions				
16	50% of dividends from nonsubsidiary corporations	16			
17	Other (explain)	17			
18	Add lines 16 and 17	18			
19	Entire net income (subtract line 18 from line 15)	19			
20	Allocation percentage from Schedule A, line 9	20			
21	Allocated entire net income (multiply line 19 by line 20)	21			

22 Was any interest paid to a stockholder of a corporate participant? Yes No
 If Yes, submit full details.