

Legal name of corporation

Employer identification number

New York State Department of Taxation and Finance

Insurance Corporation Combined Franchise Tax Return

File Number

If address on return is

new, check box (see instructions).

Tax Law — Article 33

1999 calendar-yr. filers, check box Other filers enter tax period:

beginning	
ending	
For office use	only

Mailing name and address	Mailing name (if different from legal name above) and address C/O Number and street or PO Box City State ZIP code	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95 (see instructions). If no form is enclosed, call 1 800 462-8100 to request one. From areas outside the U.S. and outside Canada, call (518) 485-6800.	Date received Audit use	
اما اا	heck box if aiming verpayment CT-33, lines 30 through 136, for each member of the comparison with this return. (See Form CT-33-A-I, Instructions for Form CT-33-A, for a	bined group and file them		
	bu do business, employ capital, own or lease property or maintain an office in the			
	sportation District (MCTD)?			
	ayment — pay amount shown on line 26. Make check payable to: New York S		Payment enclosed	
	········ Attach your payment here.	,		
Sch	edule M — Computation of tax and installment payments o	of estimated tax		
1	Combined allocated entire net income from line 47	× .09	1 •	
	Combined allocated capital from line 49		2 •	
3	Combined alternative base (see instructions)	× .09	3 •	
4	Minimum tax for parent corporation only		4	250 00
5	Combined allocated subsidiary capital from line 51	× .0008	5 •	
6	Combined franchise tax (line 1, 2, 3, or 4, whichever is largest, plus line 5)		6 ●	
7	Life insurance company premiums from line 52, column C	× .007	7 •	
8	Accident and health premiums from line 53, column C	× .01	8 •	
9	Other insurance premiums from line 54, column C	× .013	9 •	
10	Total additional franchise tax (add lines 7, 8, and 9)		0 •	
11	Combined minimum tax for subsidiaries — number of subsidiaries		1 •	
12	Total (add lines 6, 10, and 11)	<u>1</u>	2 •	
	Section 1505 limitation on tax:		_	
13	Life insurance company premiums from line 55, column C	× .02 1	3 •	
	Nonlife insurance company premiums from line 56, column C		4 •	
	Total limitation on tax (add lines 13 and 14)		5 6 ●	
	Tax credits — Taxes on certain fire insurance premiums (enter amount)	A Credits)	0 •	
17	■ Retaliatory tax ■ CT-41 ■ CT-43 ■ CT-45 ■ DTF-601 ■ D Certified capital company (CAPCO) credit (attach forms; see instructions for Form CT-33, line 12, if claiming more than or		7	
18	Tax due (subtract line 17 from line 16; if less than zero, enter "0" and see instruction	ns) 1	8	
	If you filed a request for extension, enter amount from Form CT-5.3, line ${\bf 5}$.		a	
	If you did not file Form CT-5.3 and line 18 is over \$1,000, see instructions for		b	
20	Total (add line 18 and line 19a or 19b)			
21	Total prepayments from line 66		1	
	Balance (if line 21 is less than line 20, subtract line 21 from line 20)			
	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached		3	
	Interest on late payment (see instructions)		4	
	Late filing and late payment penalties (see instructions)		5	
	Balance due (add lines 22 through 25; enter payment on line A above)		6 ■	
27 28	Overpayment (if line 20 is less than line 21, subtract line 20 from line 21)		8	
28 29	Balance of overpayment (subtract line 28 from line 27)		9	
	Amount of overpayment to be credited to Form CT-33-M		0	
	Refund of overpayment (subtract line 30 from line 29)		1	
	Refund of excess retaliatory tax credit (see instructions)		2	
	Combined group issuer's allocation percentage from line 59		3	%
		<u> </u>		

Subsidiary #6

		Parent			
Sched	ule N — Computation of combined allocation percentage				
34	New York premiums from Form CT-33, Schedule B, line 37	34			
35	Total premiums from Form CT-33, Schedule B, line 38	35			
36	New York premiums percentage (divide line 34 by line 35)	36			
37	Weighted New York premiums percentage (multiply line 36 by nine)	37			
38	New York wages from Form CT-33, Schedule B, line 41	38			
39	Total wages from Form CT-33, Schedule B, line 42	39			
40	New York payroll percentage (divide line 38 by line 39)	40			
41	Total New York percentages (add lines 37 and 40)	41			
42	Combined allocation percentage (divide line 41 by ten)	42			
Sched	ule O — Computation of combined subsidiary allocation percentage				
43	New York subsidiary capital from Form CT-33, Schedule C, line 47	43			
44	Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	44			
45	Combined subsidiary allocation percentage (divide line 43 by line 44)	45			
Sched	ule P — Computation of combined allocated New York income				
46	Entire net income from Form CT-33, Schedule G, line 88	46			
47	Combined allocated entire net income (multiply line 46 by line 42; enter here and in box on line 1)	47			
Sched	ule Q — Computation of combined allocated New York capital				
48	Business and investment capital from Form CT-33, Schedule D, line 57	48			
49	Combined allocated capital (multiply line 48 by line 42; enter here and in box on line 2)	49			
	ule R — Computation of combined allocated subsidiary capital				
50	Subsidiary capital from Form CT-33, Schedule D, line 54	50			
51	Combined allocated subsidiary capital (multiply line 50 by line 45; enter here and on line 5)	51			
	ule S — Analysis of Schedule H, Form CT-33				
52	Life insurance company premiums from Form CT-33, Schedule H, line 93, column A (enter combined total here and on line 7)	52			
	Nonlife insurance company premiums:				
53	Accident and health premiums from Form CT-33, Schedule H, line 94, column A (enter combined total here and on line 8).	53			
54 Cabaa	Other insurance premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and on line 9) .	54			
	lule T — Limitation of tax	EE			
55 50	Life insurance company premiums from Form CT-33, line 99	55 56			
56	Nonlife insurance company premiums from Form CT-33, line 99ule U — Computation of combined issuer's allocation percentage	36			
57	New York gross direct premiums from Form CT-33, Schedule J, line 122	57			
5 <i>1</i>	Total gross direct premiums from Form CT-33, Schedule J, line 123	58			
59		59			
	Issuer's allocation percentage (divide line 57 by line 58; enter here and on line 33)				
	complete names and employer identification numbers for all members of this con les, if necessary).	nbir	ned group (attach additional		
	Names		Employer identification number		
Parer	t				
Subsi	diary #1				
Subsi	diary #2				
Subsi	diary #3				
Subsi	diary #4		_		
Subsi	diary #5				

Subs	sidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Tot	al	B Interco	rporate ations	C	Combined Tota column A – colun	ıls nn B)
				Sched	ule N		·				
							•		34	•	
									35	•	
									36	•	%
		1	T		T				37		%
									38	•	
									39	•	
									40	•	%
									41		%
									42	•	%
				Sched	ule O						
							•		43	•	
							•		44	•	
									45	•	%
				Sched	ule P						
							•		46	•	
									47	•	
				Sched	ule Q						
							•		48	•	
									49	•	
				Sched	ule R						
							•		50	•	
									51	•	
				Sched	ule S				•	•	
									52	•	
									53	•	
									54	•	
				Sched	ule T					-	
									55		
									56		
				Sched	ule U						
				Oonea					57		
									58		
									59		%
									33		/0
Comp	osition	of prepaymen	ts								
							Date paid			Amount	
60	Mandatory	first installment o	f combined aroun			60				7	
61		stallments of comb									
0.	01 100 1110	stammonto or comb	mod group			(2)					-
						(3)					-
62	Payment w	vith extension appl	lication from Form	CT-5.3 line 8							
63		n prior years comb						63			
64		n Form CT-33-M						03			_
65		ayments from subs					·	65			_
		•	•	•				66			
66	iotai prepa	ayments (add lines	60 through 65; enter	nere and on line 21)			00			
		ertify that this retur		nents are to the be			dge and belief t	rue, corre	ect, a	nd complete.	
Signatui	re of elected o	fficer or authorized pers	on		Official t	itle			Da	te	
aid preparer use only	rm's name (or	yours if self-employed)					ID number		Da	te	
aid bi	ddress						Signature of individu	ıal preparinç	g this r	eturn	

When and where to file

File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany NY 12201-2038.

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Services. See Need help? below for information on ordering forms and publications.) If you use any private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

	,,			
For business tax	information	call the		
New York State B	usiness Tax	(
Information Center	er:		1 800	972-1233
For general inform	nation:		1 800	225-5829
To order forms an	d publication	ns:	1 800	462-8100
From areas outside	de the U.S.	and		
outside Canada:			(518)	485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 1 800 748-3676 7 days a week.



Internet access: http://www.tax.state.ny.us



Hotline for the hearing and speech impaired:

1 800 634-2110 from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:

NYS TAX DEPARTMENT TAXPAYER ASSISTANCE BUREAU TAXPAYER CORRESPONDENCE W A HARRIMAN CAMPUS ALBANY NY 12227