CT-33-A/ATT

2008

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)* c/o | State or country of incorporation | *Date received (for Tax Department use only)* |

| Number and street or PO box | Date of incorporation | |

| 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 | 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 *Need help?* in the instructions. | *Audit (for Tax Department use only)* |
| Principal business activity | | | |

For all combined returns and attachments, the corporation responsible for filing Form CT-33-A is designated the *parent*. The other corporations included in the combined return are designated *subsidiaries*.

| Combined parent corporation name | Parent employer identification number |

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 × 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.**			

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Name	Employer identification number

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 *(column C – column D)*	F Issuer's allocation %	G Value allocated to New York State *(column E x column F)*
A						
B						
C						
D						
E						
Totals from attached sheet						

2 Totals *(add amounts in columns C, D, and E)*

● **2.**

3 Allocated subsidiary capital *(add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B)* .... ● **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 *(see instructions)*.................................	**4.**			
5 Fair market value adjustment *(attach computation; show any negative amounts with a minus (-) sign)*	**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 *(use same method to value assets as on lines 4 through 6)*	**8.**			

Schedule D — Computation of adjustment for gains or losses on disposition of property acquired before
January 1, 1974 *(you may no longer report gain or loss in the same manner you report it on your federal income tax return)*

A Description of property *(attach separate sheet if necessary)*	B Cost	C Fair market price or value on Jan. 1, 1974	D Value realized on disposition	E New York gain or loss	F Federal gain or loss
Totals from attached sheet ..					

9 Totals *(add amounts in columns E and F)*.. **9.**

10 New York adjustment *(subtract line 9, column F, from line 9, column E; enter here and on line 68 of Form CT-33-A or Form CT-33-A/B; use a minus sign for negative amounts)* .... **10.**

Schedule E — Officers (appointed or elected) and certain stockholders *(include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation)*

A Name and address *(give actual residence; attach separate sheet if necessary)*	B Social security number	C Official title	D Salary and all other compensation received from corporation
Totals from attached sheet			

11 Totals *(add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)* .... ● **11.**

Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person		Official title		
	E-mail address of authorized person				Date
Paid preparer use only	Firm's name *(or yours if self-employed)*			ID number	
	Signature of individual preparing this return	Address	City	State	ZIP code
	E-mail address of individual preparing this return			Date	

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