



CT-33-A/ATT

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

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*.

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 ☐

Attach this form to Form CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*.

[illegible]

Legal name of corporation	EIN
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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 (see instructions)	D Current liabilities attributable to subsidiary capital (see instructions)	E Net average fair market value (column C – column D)	F Allocation % (see instr.)	G Value allocated to New York State (column E × 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 (see instructions)	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; see instr.)

A	B	C – Fair market price or value on Jan. 1, 1974 (see instructions)	D	E	F
Description of property <i>(attach separate sheet if necessary)</i>	Cost <i>(see instructions)</i>		Value realized on disposition <i>(see instructions)</i>	New York gain or loss <i>(see instructions)</i>	Federal gain or loss <i>(see instructions)</i>
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	Printed name of authorized person		Signature of authorized person		Official title	
	Email address of authorized person			Telephone number ()		Date
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i>			Firm's EIN		Preparer's PTIN or SSN
	Signature of individual preparing this return		Address		City	State ZIP code
	Email address of individual preparing this return			Preparer's NYTPRIN or Excl. code		Date

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