# Test 32-CTEF33A

**Blank or zero field values are not included. Fields requiring software calculations are not provided. Automated clearing house debit payment is required if test results in a balance due. Please use the two-digit codes provided to you to replace the 6th and 7th digits in each test employer identification number.**

## Test Scenario

**Return type:** CT-33-A

**Liability period:** 01-01-2025–12-31-2025

**Employer Identification Number:** 00219XX32

**File number:** Software calculated

**Legal Name:** CTEF33A (followed by a space, then your software ID)

**Telephone number:** 518-555-2626

**Address:** 33A WA Harriman Campus, Albany, NY 12227

**State of incorporation:** New York State

**Date of incorporation:** 01-22-2017

**Line B. Did you include a disregarded entity in this return:** Yes

**Line B. Legal name of disregarded entity:** Disregarded insurance

**Line B. Employer Identification Number of disregarded entity:** 515051505

**Line 28. Amount of overpayment to be credited to next period:** 42,500

| **Schedule A–Computation of combined allocation percentage** | | |
|---|---|---|
| Line number | **A** Parent | **B** Total subsidiaries |
| 34 | 35,000,000 | |
| 36 | 9,000,000 | |
| 39 | 2,750,000 | |
| 40 | 41,250,000 | |
| 41 | 55,000,000 | |
| 44 | 100,000 | |
| 45 | 250,000 | |
| **Schedule B–no content** | | |
| **Schedule C–Computation and allocation of combined business and investment capital** | | |
| Line number | **A** Parent | **B** Total subsidiaries |
| 53 | 350,000,000 | 575,000 |
| 54 | 4,500,000 | |
| 55 | 80,000,000 | 1,000,000 |
| 57 | 225,000,000 | 500,000 |
| 61 | 60,000,000 | 250,000 |
| **Schedule D–Computation and allocation of combined Entire Net Income** | | |
| Line number | **A** Parent | **B** Total subsidiaries |
| 64 | 15,000,000 | 65,000,000 |
| 65 | 15,000,000 | 1,500,000 |
| 70 | 6,000,000 | |
| 74 | 11,000,000 | 60,000,000 |
| 76 | 55,000,000 | |
| 77 | 45,000,000 | 15,000,000 |
| 83 | 25,000,000 | |
| **Schedule E–Computation and allocation of combined alternative base** | | |
| Line number | **A** Parent | **B** Total subsidiaries |
| 87 | 150,000 | |
| **Schedule F–Computation of combined premiums subject to tax under section 1510 and the limitations under section 1505** | | |
| Line number | **A** Parent | **B** Total subsidiaries |
| 97 | 30,000,000 | |
| 98 | 8,000,000 | |

| Composition of prepayments | |
|---|---|
| **Date Paid** | **Amount** |
| 3-15-2025 | 275,000 |
| 6-15-2025 | 175,000 |
| 9-15-2025 | 175,000 |
| 12-15-2025 | 175,000 |

**Line 115. Tax Credits:**

**CT-33.2:** 2,500

## CT-225-A

### Schedule A–Part 1

| | Modification number | A<br>Designated agent of parent | B<br>Total group members |
|---|---|---|---|
| **1a** | **A** – 602 | 11,000,000 | 60,000,000 |

### Schedule B–Part 1

| | Modification number | A<br>Designated agent of parent | B<br>Total group members |
|---|---|---|---|
| **6a** | **S**–205 | 25,000,000 | |

## CT-225-A/B–123456789

### Schedule A–Part 1

**Line 1a. Modification A-602:** 60,000,000

### Schedule B–No content

## CT-33.2

### Schedule A

**Line 5. Unused credits related to paid assessments issued on or before 12-31-2023:** 2,500

### Schedule B–Software calculated

## CT-33-A/B

### Schedule A–No content

### Schedule B–No content

| | | Subsidiary 123456789 CTEF33A Sub 1 | Subsidiary 123456790 CTEF33A Sub 2 |
|---|---|---|---|
| **Line** | **Schedule C** | | |
| 53 | Average value of total assets | 287,500 | 287,500 |
| 55 | Average value of non-admitted assets from annual statement | 500,000 | 500,000 |
| 57 | Average value of current liabilities | 250,000 | 250,000 |
| 61 | Average value of assets excluding subsidiary assets | 125,000 | 125,000 |

| | | Subsidiary 123456789 CTEF33A Sub 1 | Subsidiary 123456790 CTEF33A Sub 2 |
|---|---|---|---|
| **Line** | **Schedule D** | | |
| 64 | FTI before net operating loss deduction | 32,500,000 | 32,500,000 |
| 65 | Dividends-received and other special deductions | | 1,500,000 |
| 74 | Other additions | 60,000,000 | |
| 77 | Fifty percent of dividends from nonsubsidiary corporations | | 15,000,000 |

### Schedule E–No content

## CT-33-A-ATT–00219XX32

### Schedule A–No content

### Schedule B–No content

### Schedule C

| Line | | A<br>Beginning of year | B<br>End of year |
|---|---|---|---|
| 4 | Total assets | 375,000,000 | 325,000,000 |
| 5 | Fair market value adjustment | 4,250,000 | 4,750,000 |
| 6 | Non-admitted assets from annual statement | 70,000,000 | 90,000,000 |
| 7 | Current liabilities | 200,000,000 | 250,000,000 |
| 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 | 60,000,000 | 60,000,000 |

### Schedule D–No content

### Schedule E

| A<br>Name and address | B<br>Social Security Number | C<br>Official Title | D<br>Salary and all other compensation received from corporation |
|---|---|---|---|
| John Doe 33A WA Harriman Campus, Albany, NY 12227 | 444-55-666 | President | 75,000 |
| Max Clinger 17 New Tpke Rd, Troy, NY 12180 | 867-53-0911 | Vice President | 50,000 |
| Benjamin Pierce 737 5th Ave, Troy, NY 12180 | 250-62-4000 | Assistant VP | 25,000 |

## CT-33-A/ATT–123456789

### Schedule A–No content

### Schedule B–No content

### Schedule C

| Line | | A<br>Beginning of year | B<br>End of year |
|---|---|---|---|
| 4 | Total assets | 287,500 | 287,500 |
| 6 | Non-admitted assets from annual statement | 500,000 | 500,000 |
| 7 | Current liabilities | 250,000 | 250,000 |
| 8 | Assets excluding subsidiary assets | 125,000 | 125,000 |

### Schedule D–No content

## CT-33-A/ATT–123456790

### Schedule A–No content

### Schedule B–No content

### Schedule C

| Line | | A<br>Beginning of year | B<br>End of year |
|---|---|---|---|
| 4 | Total assets | 287,500 | 287,500 |
| 6 | Non-admitted assets from annual statement | 500,000 | 500,000 |
| 7 | Current liabilities | 250,000 | 250,000 |
| 8 | Assets excluding subsidiary assets | 125,000 | 125,000 |

### Schedule D–No content

## DTF-686

**Line 1. Federal reportable transactions:** Listed transaction, Loss transaction

**Line 3. Applicable code(s) for each federal transaction being reported:** 11