



CT-33-A

Department of Taxation and Finance

Life Insurance Corporation Combined
Franchise Tax Return

Tax Law – Article 33

AMND_RTN_IND

FINAL_CHK_BOX_IND

All filers must enter tax period:

beginning

LIAB_PRD_BEG_DT

ending

LIAB_PRD_END_DT

Employer identification number (EIN)

File number

FCC_CD/CHECK_DIGIT

Business telephone number

()

TP_PHONE_NMBR

If you claim an
overpayment, mark
an **X** in the box.

OVPMT_IND

Legal name of corporation

LEGAL_NAME

Trade name/DBA

BUS_TRADE_NAME

Mailing address

State or country of incorporation

Care of (c/o)

MAILING_NAME

STATE_INCORP_NAME

Number and street or PO Box

MAIL_LN_1_ADR

MAIL_LN_2_ADR

Date of incorporation

INCORP_DATE

Foreign corporations: date began business in NYS

FRGN_BBNY_DATE

City

U.S. state/Canadian province

ZIP/Postal code

Country (if not United States)

For office use only

MAIL_CITY_ADR

MAIL_STATE_ADR

MAIL_ZIP_5_ADR

MAIL_ZIP_4_ADR

MAIL_CNTRY_CD

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.

Did any corporation in the combined group do business, employ capital, own or lease property, or maintain an office in the MCTD? (mark an **X** in one box) Yes ☐ No ☐ If Yes, you must file Form CT-33-M.

DCMT_RCVD_DT

A. Pay amount shown on line 26. Make payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

REMIT_AMT

PYMNT_AMT

B. Did you include a disregarded entity in this return? (mark an **X** in one box)

Yes

No

If Yes, enter the name and EIN. If more than one, attach list with names and EINs.

Legal name of disregarded entity

CT33ADISENT

rtdEnt

NAME

EIN

EIN_ID

C. Are any corporations in the combined group a residual interest holder in a real estate mortgage investment conduit (REMIC)? (mark an **X** in one box)

Yes

No

D. If the combined group consists **only** of unauthorized insurance corporations, mark an **X** in the box

UNAUTH_ART_33_IND

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination

AMEND_FNL_FED_IND

If marked, enter date of determination: FINAL_FED_DATE

NOL carryback

NET_LSS_CRYBCK_IND

Capital loss carryback

CAP_LSS_CRYBCK_IND

Federal return filed: Form 1139

FED_1139_FILED_IND

Amended consolidated Form 1120-L

AMND_FED_1120L_IND

Amended consolidated Form 1120-PC

AMND_FED_1120P_IND

Net operating loss (NOL) information

New York State NOL carryover total available for use this tax year from all prior tax years

NYS_NOL_PRR_AMT

Federal NOL carryover total available for use this tax year from all prior tax years

FED_NOL_PRR_AMT

New York State NOL carryforward total for future tax years

FED_NOL_PRR_AMT

Federal NOL carryforward total for future tax years

FED_NOL_FTR_AMT

BAR_ID_CODE

430001260099



Calculation of tax

1	Combined allocated entire net income (ENI) from line 86	•	ALLOC_ENI_AMT	×	0.071	•	1	TX_ON_ENI_AMT	
2	Combined allocated business and investment capital from line 63	•	ALLOC_BUS_INV_AMT	×	0.0016	•	2	TX_ON_CAP_AMT	
3	Combined allocated alternative base from line 92	•	ALT_TX_AMT	×	0.09	•	3	TX_ON_ALT_AMT	
4	Minimum tax for parent corporation only						4		250 00
5	Combined allocated subsidiary capital from line 52	•	ALLOC_SUBCAP_AMT	×	0.0008	•	5	TX_ON_SUBCAP_AMT	
6	Combined franchise tax (largest of line 1, 2, 3, or 4, plus line 5)	•				•	6	TX_LRGST_AMT	
7	Combined premiums from line 100 (see instr.)	•	LIFE_CO_PREM_AMT	×	0.007	•	7	TX_ON_LIFE_AMT	
8	Total combined tax before limitations on tax (add lines 6 and 7)	•				•	8	TX_DUE_B4_LMT_AMT	
9	Combined premiums from line 100 (see instr.)	•	FLR_LMT_AMT	×	0.015	•	9	TX_FLR_LMT_AMT	
10	Combined tax (see instructions)	•				•	10	TX_B4_EZZEA_CR_AMT	
11a									
11b									
12	Combined minimum tax for subsidiaries – number of subsidiaries (see instructions)	•	SUB_NMBR	×	\$250 =	•	12	MIN_TX_SUB_AMT	
13	Total combined tax (add lines 10 and 12)	•				•	13	CMB_TX_B4_LMT_AMT	
14	Combined premiums from line 102 (see instr.)	•	TOT_LIFE_PREM_AMT	×	0.02	•	14	TX_LIFE_LMT_AMT	
15	Combined tax before credits (see instructions)	•				•	15	TX_DUE_B4_CR_AMT	
16	Tax credits (enter amount from line 116; see instructions)	•				•	16	TOT_TX_CR_AMT	
17	Combined tax due (subtract line 16 from line 15; if less than zero, enter 0)	•				•	17	TX_DUE_AMT	
18									
19									
20									
21	Total prepayments from line 114	•				•	21	PREPAY_AMT	
22a	Balance (see instructions)	•				•	22a	BALANCE_AMT	
22b	Additional amount (see instructions)	•				•	22b	ADD_MFI_AMT	
22c	Total before penalties and interest (see instructions)	•				•	22c	INCR_BAL_AMT	
23	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	•	☐ CT222_IND			•	23	PENALTY_AMT	
24	Interest on late payment (see instructions)	•				•	24	INT_LATE_PAY_AMT	
25	Late filing and late payment penalties (see instructions)	•				•	25	LATE_FIL_AMT	
26	Balance due (add lines 22c through 25 and enter here; enter the payment amount on line A)	•				•	26	BAL_DUE_AMT	
27a	Overpayment (if line 17 is less than line 21, subtract line 17 from line 21)	•				•	27a	XS_PREPAY_AMT	
27b	Amount of overpayment previously credited to 2027 MFI (see instructions)	•				•	27b	PR_CR_MFI_AMT	
27c	Balance of overpayment available (see instructions)	•				•	27c	OVPMT_AMT	
28	Amount of overpayment to be credited to next period	•				•	28	CR_2_NXT_PRD_AMT	
29	Balance of overpayment (subtract line 28 from line 27c)	•				•	29	BAL_OVERPAY_AMT	
30	Amount of overpayment to be credited to Form CT-33-M	•				•	30	OVERPAY_CR_MTA_AMT	
31	Refund of overpayment (subtract line 30 from line 29)	•				•	31	RFND_AMT	
32a	Refund of tax credits (see instructions)	•				•	32a	RFND_TX_CR_AMT	
32b	Tax credit to be credited as an overpayment to next year's return (see instructions)	•				•	32b	TX_CR_OP_NXT_AMT	
33	Combined allocation percentage (from line 48)	•				•	33	ISS_ALLOC_PCT	%



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Schedule A – Calculation of combined allocation percentage

(If you do not claim an allocation, enter 100 on line 48; see instructions)

34	New York premiums (see instructions).....
35	New York ocean marine premiums (see instructions).....
36	New York premiums for annuity contracts and for insurance for the elderly (see instructions).....
37	New York premiums on reinsurance assumed (see instructions).....
38	Total New York gross premiums (add lines 34 through 37).....
39	New York premiums ceded that are included on line 38 (see instructions).....
40	Total New York premiums (subtract line 39 from line 38).....
41	Total everywhere premiums (see instructions).....
42	Combined New York premium percentage (divide column E, line 40 by line 41).....
43	Combined weighted New York premium percentage (multiply line 42 by nine).....
44	New York wages, salaries, personal service compensation, and commissions (see instructions).....
45	Total everywhere wages, salaries, personal service compensation, and commissions (see instructions).....
46	Combined New York payroll percentage (divide column E, line 44 by line 45).....
47	Total combined New York percentages (add lines 43 and 46).....
48	Combined allocation percentage (divide line 47 by ten; if line 42 or 46 is 0, see instructions).....

Schedule B – Calculation and allocation of combined subsidiary capital (see instructions for each line in this schedule)

49	Average fair market value of subsidiary capital.....
50	Average value of current liabilities attributable to subsidiary capital.....
51	Net average fair market value of subsidiary capital.....
52	Net average value of subsidiary capital allocated to New York State (enter column E amount in the first box on line 5).....

Schedule C – Calculation and allocation of combined business and investment capital (see instructions)

53	Average value of total assets (see instructions).....
54	Average fair market value adjustment (show a negative amount with a minus (-) sign).....
55	Average value of nonadmitted assets from annual statement (see instructions).....
56	Total combined assets (add column E, lines 53, 54, and 55).....
57	Average value of current liabilities (see instructions).....
58	Total combined capital (subtract column E, line 57 from line 56).....
59	Combined subsidiary capital from column E, line 51.....
60	Combined business and investment capital (subtract line 59 from line 58).....
61	Average value of assets, excluding subsidiary assets included on line 51, held as reserves under New York State Insurance Law §§ 1303, 1304, and 1305 (use same method to value assets as on line 56; see instructions).....
62	Adjusted combined business and investment capital (subtract column E, line 61 from line 60).....
63	Combined allocated business and investment capital (multiply line 62 by the combined allocation percentage on line 48; enter here and in the first box on line 2).....

Schedule D – Calculation and allocation of combined ENI (see instructions)

64	FTI before NOL deduction (see instructions; include disallowed dividends paid deduction: DSALLW_DED_AMT)
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Additions

65	Dividends-received and other special deductions (used to calculate line 64).....
66	Dividend or interest income not included in line 64 (attach list; see instructions).....
67	Interest to stockholders: INT_STOCKHLD_AMT less the greater of 10% of the interest or \$1,000 (see instructions).....
68	Adjustment for gains or losses on disposition of property acquired before January 1, 1974 (see instructions).....
69	Deductions attributable to subsidiary capital (attach list; see instructions).....
70	New York State franchise tax deducted on federal return (attach list; see instructions).....
71	Amount deducted on your federal return as a result of a safe harbor lease (see instructions).....
72	Amount that would have been required to be included on your federal return except for a safe harbor lease (see instructions).....
73	Total amount of federal depreciation from Form CT-399 (see instructions).....
74	Other additions (from Form CT-225-A; see instructions).....
75	Total (add column E, lines 64 through 74).....



A	B	C	D	E
Parent	Total subsidiaries	Subtotal (column A + column B)	Intercompany eliminations	Combined total (column C – column D)

Schedule A – Calculation of combined allocation percentage (see instructions)

34	PNY_TXBL_PREM_AMT	PNY_PREM_SUB_AMT	PNY_PREM_SUBTL_AMT	PNY_PREM_ELM_AMT	34	NYS_TXBL_PREM_AMT	
35	PNY_OCN_PREM_AMT	PNY_OCN_SUB_AMT	PNY_OCN_SUBTL_AMT	PNY_OCN_ELM_AMT	35	NYS_OCN_PREM_AMT	
36	PNY_PREM_ANNTY_AMT	PNY_ANNTY_SUB_AMT	PNY_ANNTY_SUBTL_AMT	PNY_ANNTY_ELM_AMT	36	NYS_PREM_ANNTY_AMT	
37	PNY_PREM_REIN_AMT	PNY_REIN_SUB_AMT	PNY_REIN_SUBTL_AMT	PNY_REIN_ELM_AMT	37	NYS_PREM_REIN_AMT	
38	PNY_GROSS_PREM_AMT	PNY_GROSS_SUB_AMT	PNY_GRS_SUBTL_AMT	PNY_GROSS_ELM_AMT	38	NYS_GROSS_PREM_AMT	
39	PNY_PREM_CEDED_AMT	PNY_CEDED_SUB_AMT	NY_CEDED_SUBTL_AMT	PNY_CEDED_ELM_AMT	39	NYS_PREM_CEDED_AMT	
40	PPREM_NYS_AMT	PREM_NYS_SUB_AMT	PREM_NYS_SUBTL_AMT	PREM_NYS_ELM_AMT	40	PREM_NYS_AMT	
41	PPREM_ALL_AMT	PREM_ALL_SUB_AMT	PREM_ALL_SUBTL_AMT	PREM_ALL_ELM_AMT	41	PREM_ALL_AMT	
42					42	PREM_PCT	%
43					43	PREM_NYS_PCT	%
44	PWG_NYS_AMT	PWG_NYS_SUB_AMT	PWG_NYS_SUBTL_AMT	PWG_NYS_ELM_AMT	44	WG_NYS_ALL_AMT	
45	PWG_ALL_AMT	PWG_ALL_SUB_AMT	PWG_ALL_SUBTL_AMT	PWG_ALL_ELM_AMT	45	WG_ALL_AMT	
46					46	WG_PCT	%
47					47	TOT_NYS_NMBR	%
48					48	ALLOC_PCT	%

Schedule B – Calculation and allocation of combined subsidiary capital (see instructions)

49	PAVG_VL_SUBCAP_AMT	PAVG_VL_SUB_AMT	PAVG_VL_SUBTL_AMT	PAVG_VL_ELM_AMT	49	AVG_VL_SUBCAP_AMT	
50	PLIAB_SUBCAP_AMT	PLIAB_SUB_AMT	PLIAB_SUBTL_AMT	PLIAB_ELM_AMT	50	LIAB_SUBCAP_AMT	
51	PNET_SUBCAP_AMT	PNET_SUB_AMT	PNET_SUBTL_AMT	PNET_ELM_AMT	51	NET_SUBCAP_AMT	
52	PSALLOC_SUBCAP_AMT	PSALLOC_SUB_AMT	PSALLOC_SUBTL_AMT	PSALLOC_ELM_AMT	52	S_ALLOC_SUBCAP_AMT	

Schedule C – Calculation and allocation of combined business and investment capital (see instructions)

53	PASST_AVG_AMT	PASST_AVG_SUB_AMT	PASST_AV_SUBTL_AMT	PASST_AVG_ELM_AMT	53	ASST_AVG_AMT	
54	PFMV_ADJ_AMT	PFMV_ADJ_SUB_AMT	PFMV_ADJ_SUBTL_AMT	PFMV_ADJ_ELM_AMT	54	FMV_ADJ_AMT	
55	PNASST_ANNUAL_AMT	PNASST_ANN_SUB_AMT	ASST_ANN_SUBTL_AMT	PNASST_ANN_ELM_AMT	55	NONASST_ANNUAL_AMT	
56					56	TOT_ASST_AMT	
57	PLIAB_FMV_AMT	PLIAB_FMV_SUB_AMT	PLB_FMV_SUBTL_AMT	PLIAB_FMV_ELM_AMT	57	LIAB_FMV_AMT	
58					58	TOT_CAP_AMT	
59					59	SUBCAP_AMT	
60					60	BUS_INVCAP_AMT	
61	PASST_RES_AMT	PASST_RES_SUB_AMT	ASST_RES_SUBTL_AMT	PASST_RES_ELM_AMT	61	ASST_RES_AMT	
62					62	ADJ_BUS_INVCAP_AMT	
63					63	ALLOC_INVCAP_AMT	

Schedule D – Calculation and allocation of combined ENI (see instructions)

64	PFED_TXBL_INC_AMT	PFED_INC_SUB_AMT	PFED_INC_SUBTL_AMT	PFED_INC_ELM_AMT	64	FED_TXBL_INC_AMT	
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Additions

65	PDVD_RCVD_DED_AMT	PDVD_DED_SUB_AMT	PDVD_DED_SUBTL_AMT	PDVD_DED_ELM_AMT	65	DVND_RCVD_DED_AMT	
66	PDVD_INT_INC_AMT	PDVD_INC_SUB_AMT	PDVD_INC_SUBTL_AMT	PDVD_INC_ELM_AMT	66	DVND_INT_INC_AMT	
67	PINT_STCKHLDRS_AMT	STCKHLDRS_SUB_AMT	STCKHLDRS_SUBTL_AMT	STCKHLDRS_ELM_AMT	67	INT_STCKHLDRS_AMT	
68	PADJ_GAIN_LOSS_AMT	PADJ_GL_SUB_AMT	PADJ_GL_SUBTL_AMT	PADJ_GL_ELM_AMT	68	ADJ_GAIN_LOSS_AMT	
69	PDED_SUBCAP_AMT	DED_SUBCP_SUB_AMT	DED_SUBTL_AMT	DED_SUBCP_ELM_AMT	69	DED_SUBCAP_AMT	
70	PNYS_FRAN_DED_AMT	NYS_FRAN_SUB_AMT	NYS_FRAN_SUBTL_AMT	NYS_FRAN_ELM_AMT	70	NYS_FRAN_DED_AMT	
71	PSHL_DED_ADD_AMT	PSHL_DED_SUB_AMT	PSHL_DED_SUBTL_AMT	PSHL_DED_ELM_AMT	71	SHL_DED_ADD_AMT	
72	PSHL_INCL_ADD_AMT	PSHL_ADD_SUB_AMT	PSHL_ADD_SUBTL_AMT	PSHL_ADD_ELM_AMT	72	SHL_INCL_ADD_AMT	
73	PACRS_DED_AMT	PACRS_DED_SUB_AMT	ACRS_DED_SUBTL_AMT	PACRS_DED_ELM_AMT	73	ACRS_DED_AMT	
74	POTH_ADD_AMT	POTH_ADD_SUB_AMT	POTH_ADD_SUBTL_AMT	POTH_ADD_ELM_AMT	74	OTH_ADD_AMT	
75					75	TOT_ADD_AMT	



Schedule D – Calculation and allocation of combined ENI *(continued; see instructions)***Subtractions**

- 76 Income from subsidiary capital *(attach list; see instructions)*
- 77 Fifty percent of dividends from nonsubsidiary corporations *(attach list; see instructions)*
- 78 Gain on installment sales made before being subject to tax under § 1501 *(attach list; see instructions)*
- 79 Combined New York NOL deduction *(attach statement showing calculation; see instructions)*
- 80 Amount included on your federal return as a result of a safe harbor lease *(see instructions)*
- 81 Amount that could have been deducted on your federal return except for a safe harbor lease *(see instructions)*
- 82 Total amount of New York depreciation allowed under § 1503(b) from Form CT-399 *(see instructions)*
- 83 Other subtractions *(from Form CT-225-A; see instructions)*
- 84 Total combined subtractions *(add column E, lines 76 through 83)*
- 85 Combined ENI *(subtract line 84 from line 75)*
- 86 Combined allocated ENI *(multiply line 85 by combined allocation percentage on line 48; enter here and in the first box on line 1)*

Schedule E – Calculation and allocation of combined alternative base

- 87 Officer salaries and other compensation *(see instructions)*
- 88 Combined alternative base *(add column E, line 85 and line 87)*
- 89 Statutory deduction *(see instructions)*
- 90 Combined alternative base minus deduction *(subtract line 89 from line 88)*
- 91 Combined alternative base multiplied by 30% *(multiply line 90 by 0.3)*
- 92 Combined allocated alternative base *(multiply line 91 by combined allocation percentage on line 48; enter here and in the first box on line 3)*

Schedule F – Calculation of combined premiums subject to tax under § 1510 and the limitations under § 1505 *(see instructions)*

93

94

95

96

- 97 Life insurance premiums.....
- 98 Accident and health insurance premiums.....
- 99 Other insurance premiums.....
- 100 Total combined premiums subject to tax under § 1510 and the floor limitation under § 1505(b)
(add column E, lines 97, 98, and 99; enter here and in the first box on lines 7 and 9)

Insurance corporations who receive more than 95% of their premiums from:

- 101 Annuity contracts, ocean marine insurance, and group insurance on the elderly *(see instructions)*
- 102 Total combined premiums subject to the limitation on tax under § 1505(a)(2) *(add lines 100 and 101, column E; enter here and in the first box on line 14)*

103

104

105



A Parent	B Total subsidiaries	C Subtotal (column A + column B)	D Intercompany eliminations	E Combined total (column C – column D)
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Schedule D – Calculation and allocation of combined ENI (continued; see instructions)**Subtractions**

76	•	IDC_SUBCAP_AMT		IDC_SUBCP_SUB_AMT		IDC_SUBTL_AMT		IDC_SUBCP_ELM_AMT		76	•	IDC_SUBCAP_AMT	
77	•	PHALF_DVND_AMT		HLF_DVND_SUB_AMT		HLF_DVND_SUBTL_AMT		HLF_DVND_ELM_AMT		77	•	HALF_DVND_AMT	
78	•	PGAIN_INSTL_AMT		GAIN_INST_SUB_AMT		GAIN_SUBTL_AMT		GAIN_INST_ELM_AMT		78	•	GAIN_INSTL_AMT	
79										79	•	NYS_NOL_AMT	
80	•	PSHL_INCL_SUBT_AMT		SHL_INCL_SUB_AMT		SHL_INCL_SUBTL_AMT		SHL_INCL_ELM_AMT		80	•	SHL_INCL_AMT	
81	•	PSHL_DED_SUBT_AMT		SHL_DED_SUB_AMT		SHL_DED_SUBTL_AMT		SHL_DED_ELM_AMT		81	•	SHL_DED_SUBT_AMT	
82	•	PNYS_DPRC_AMT		NYS_DPRC_SUB_AMT		NYS_DPRC_SUBTL_AMT		NYS_DPRC_ELM_AMT		82	•	NYS_DPRC_AMT	
83	•	POTH_SUBT_AMT		OTH_SUBT_SUB_AMT		OTH_SUBT_SUBTL_AMT		OTH_SUBT_ELM_AMT		83	•	OTH_SUBT_AMT	
84										84	•	TOT_SUBT_AMT	
85										85	•	ENI_AMT	
86										86		ALC_ENI_AMT	

Schedule E – Calculation and allocation of combined alternative base

87		OFCR_SAL_OTH_AMT		OFCR_SAL_SUB_AMT		OFCR_SAL_SUBTL_AMT		OFCR_SAL_ELM_AMT		87		OFCR_SAL_AMT	
88										88		ALT_BASE_AMT	
89										89		STRY_DED_AMT	
90										90		ALT_BASE_DED_AMT	
91										91		ALT_BASE_MPLY_AMT	
92										92		ALLOC_ALT_BASE_AMT	

Schedule F – Calculation of combined premiums subject to tax under § 1510 and the limitations under § 1505 (see instructions)

93												LIFE_INS_PREM_AMT	
94												NLIFE_ACC_AMT	
95												NLIFE_OTH_AMT	
96												TOT_LIFE_AMT	
97	•	PLIFE_1505PREM_AMT		LFE_1505_SUB_AMT		LFE_1505_SUBTL_AMT		LFE_1505_ELM_AMT		97	•	LIFE_1505_PREM_AMT	
98	•	PACCHLTH_1505_AMT		ACCCHLTH_SUB_AMT		ACCCHLTH_SUBTL_AMT		ACCCHLTH_ELM_AMT		98	•	ACCCHLTH_1505_AMT	
99	•	POTH_1505_PREM_AMT		OTH_1505_SUB_AMT		OTH_1505_SUBTL_AMT		OTH_1505_ELM_AMT		99	•	OTH_1505_PREM_AMT	
100										100		TOT_LIFE_1505_AMT	

Insurance corporations who receive more than 95% of their premiums from:

101	•	PTOT_OTH_PREM_AMT		TOT_PRM_SUB_AMT		TOT_PRM_SUBTL_AMT		TOT_PRM_ELM_AMT		101	•	TOT_OTH_PREM_AMT	
102										102		PREM_LMT_AMT	
103													
104													
105													

Composition of prepayments (see instructions)

106	Mandatory first installment of combined group from Form CT-300 (see instructions)	106	INSTALL_A_DT	REQ_INSTALL_A_AMT	
107	Second combined group installment from Form CT-400	107	INSTALL_B_DT	REQ_INSTALL_B_AMT	
108	Third combined group installment from Form CT-400	108	INSTALL_C_DT	REQ_INSTALL_C_AMT	
109	Fourth combined group installment from Form CT-400	109	INSTALL_D_DT	REQ_INSTALL_D_AMT	
110	Payment with extension request from Form CT-5.3, line 8	110	INSTALL_E_DT	REQ_INSTALL_E_AMT	
111	Overpayment credited from prior year's combined return (see instructions)	111	OVPMT_PRR_AMT		
112	Overpayment credited from Form CT-33-M Period CR_FRM_PRD_DT	112	PREPAY_CR_AMT		
113	Total prepayments from subsidiaries not previously included in combined return	113	TPPAY_NPINCL_AMT		
114	Total prepayments (add lines 106 through 113; enter here and on line 21)	114	Same as Line 21		

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Summary of tax credits claimed against current year’s franchise tax:

Has any member of the combined group that is claiming tax credits (or has an entity of which such member is an owner) been convicted of an offense defined in New York State Penal Law Article 200 or 496, or § 195.20? (see Form CT-1; mark an X in one box) Yes ☐ No ☐ CONVICTED_IND

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Tax credits (attach appropriate form or statement for each credit claimed)

Fire insurance premiums tax credit.....	FIRE_PREM_CR_AMT FIRE_PREM_CR_IND		Form CT-613 ..	CT613_IND	CT613_AMT	
Form CT-33-R ..	CT33_R_IND	CT33_R_AMT	Form CT-631 ..	CT631_IND	CT631_AMT	
Form CT-33.1 ..	CT33_1_IND	CT33_1_AMT	Form CT-633 ..	CT633_IND	CT633_AMT	
Form CT-33.2 ..	CT33_2_IND	CT33_2_AMT	Form CT-634 ..	CT634_IND	CT634_AMT	
Form CT-41 ..	CT41_IND	CT41_AMT	Form CT-643 ..	CT643_IND	CT643_AMT	
Form CT-43 ..	CT43_IND	CT43_AMT	Form CT-651 ..	CT651_IND	CT651_AMT	
Form CT-44 ..	CT44_IND	CT44_AMT	Form CT-652 ..	CT652_IND	CT652_AMT	
Form CT-238 ..	CT238_IND	CT238_AMT	Form DTF-624 ..	DTF624_IND	DTF624_AMT	
Form CT-249 ..	CT249_IND	CT249_AMT	Other credits...	OTH_CR_IND	OTH_CR_AMT	
Form CT-250 ..	CT250_IND	CT250_AMT				
Form CT-607 ..	CT607_IND	CT607_AMT				
Form CT-611..	CT611_IND	CT611_AMT				
Form CT-611.1 ..	CT611_1_IND	CT611_1_AMT				
Form CT-611.2 ..	CT611_2_IND	CT611_2_AMT				
Form CT-612 ..	CT612_IND	CT612_AMT				

116	Total tax credits claimed above (enter here and on line 16; see instructions)	116	TOT_OTH_CR_AMT	
117	Total tax credits claimed above that are refund eligible (see instructions)	117	TOT_TX_CR_RFND_AMT	
118	If any member in the combined group is a captive REIT or captive RIC, mark an X in the box (see instructions for definitions)		REIT_RIC_IND	☐

Primary corporation name (if a member of an affiliated group)		EIN
PRIM_CORP_NAME		PRIM_CORP_EIN_ID
Parent corporation name (if more than 50% owned by another corporation)		EIN
P_CORP_NAME		CORP_EIN_NMBR

Third – party designee (see instructions)	Yes ☐ No ☐	THRD_PRTY_DSGN_IND	Designee's name (print)	Designee's phone number
			THRD_PRTY_NAME	() THRD_PRTY_PH_NMBR
	Designee's email address		PIN	
		THRDPRTY_EMAIL_ADR	THRD_PRTY_PIN_NMBR	

Certification: 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	
	AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME				AUTHOFCR_TITL_DESC	
Paid preparer use only (see instr.)	Email address of authorized person		Telephone number		Date	
	TP_EMAIL_ADR		() AUTH_PH_NMBR		AUTH_OFCR_SGN_DT	
	Firm's name (or yours if self-employed)		Firm's EIN		Preparer's PTIN or SSN	
	FIRM_NAME		PAID_PREPARER_ID		PREP_SSN_NMBR	
	Signature of individual preparing this return		Address		City State ZIP code	
		PREP_LN_1_ADR PREP_LN_2_ADR		PREP_CTY_ADR PREP_ST_ADR PREP_ZIP_5_ADR		
Email address of individual preparing this return		Preparer's NYTPRIN or		Excl. code Date		
PP_EMAIL_ADR		TX_PREP_RGST_ID		EXCL_CD PREP_SIGN_DT		

See instructions for where to file.

