



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

All filers must enter tax period:						beginning	LIAB_PRD_BEG_DT	ending	LIAB_PRD_END_DT
Employer identification number (EIN) EXT_TP_ID		File number FCC_CD/CHECK_DIGIT	Business telephone number () TP_PHONE_NMBR						
Legal name of corporation CORP_NAME				Trade name/DBA BUS_TRADE_NAME					
Mailing name (<i>if different from legal name above</i>) c/o MAILING_NAME				State or country of incorporation STATE_INCORP_NAME		<i>Date received (for Tax Department use only)</i> DCMT_RCVD_DT			
Number and street or PO Box MAIL_LN_1_ADR MAIL_LN_2_ADR				Date of incorporation INCORP_DATE					
City MAIL_CITY_ADR		State MAIL_STATE_ADR		ZIP code MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR MAIL_CNTRY_CD					
NAICS business code number (<i>from NYS Pub 910</i>) NAICS_CODE		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.				<i>Audit (for Tax Department use only)</i>			
NYS principal business activity PRIN_BUS_ACTY_DESC									

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 legal name	Parent employer identification number
CMB_PARENT_NAME	PARENT_EIN_ID

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.) MTA_IND

(Mark an **X** in the appropriate box.) Yes ☐ No ☐

This form must be completed for each corporation in the combined group.

File this form with 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 % <i>(see instructions)</i>	D Reinsurance premiums allocated to New York State <i>(column B × column C)</i>
CT33AATTALCREINPREM			
allocRein			
NAME	RIP_RCVD_AMT	REIN_ALLOC_PCT	RIP_ALLOC_AMT
Totals from attached sheet.....			
1 Total <i>(add column D amounts; enter here and include on line 37 of Form CT-33-A or Form CT-33-A/B)</i>	1 TOT_REIN_PREM_AMT		

BAR 1D CODE

499001260099



Legal name of corporation	EIN
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Schedule B – Calculation 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	CT33AATTCMPALCSUBCAP							
B	corpSubCap							
C	NAME						EIN_ID	
D								
E								
A Item	B % of voting stock owned	C Average fair market value		D Current liabilities attributable to subsidiary capital <i>(see instructions)</i>		E Net average fair market value <i>(column C – column D)</i>	F Allocation % <i>(see instr.)</i>	G Value allocated to New York State <i>(column E × column F)</i>
A	VTNG_STK_OWN_PCT	AVG_VALUE_AMT		INV_CAP_LIAB_AMT		NET_AVG_VL_AMT	ISS_ALLOC_PCT	ALC_NYST_AMT
B								
C								
D								
E								
Totals from attached sheet								
2 Totals <i>(add amounts in columns C, D, and E)</i>								
• 2 S_AVGVL_SUBCAP_AMT S_LIAB_SUBCAP_AMT S_NET_SUBCAP_AMT								
3 Allocated subsidiary capital <i>(add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B)</i>								
• 3 ALLOC_SUBCAP_AMT								

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

		A Beginning of year	B End of year	C Average fair market value basis
4 Total assets <i>(see instructions)</i>	4	ASST_BEG_AMT	ASST_END_AMT	ASST_AVG_AMT
5 Fair market value adjustment <i>(attach calculation; show any negative amounts with a minus (-) sign)</i>	5	FMV_ADJ_BEG_AMT	FMV_ADJ_END_AMT	FMV_ADJ_AMT
6 Nonadmitted assets from annual statement.....	6	NON_ASST_BEG_AMT	NON_ASST_END_AMT	NONASST_ANNUAL_AMT
7 Current liabilities <i>(see instructions)</i>	7	LIAB_FMV_BEG_AMT	LIAB_FMV_END_AMT	LIAB_FMV_AMT
8 Assets, excluding subsidiary assets included on line 2, column C, held as reserves under New York State Insurance Law §§ 1303, 1304, and 1305 <i>(use same method to value assets as on lines 4 through 6)</i>	8	ASST_RES_BEG_AMT	ASST_RES_END_AMT	ASST_RES_AMT

Schedule D – Calculation of adjustment for gains or losses on disposition of property acquired before January 1, 1974 (see instructions)

A Description of property (attach separate sheet if necessary)	B Cost (see instructions)	C – Fair market price or value on Jan. 1, 1974 (see instructions)	D Value realized on disposition (see instructions)	E New York gain or loss (see instructions)	F Federal gain or loss (see instructions)
CT33AATTADJGLB4DT					
adjGLB4Dt					
PROP_DESC	COST_AMT	FMV_PRICE_AMT	VAL_DSP_AMT	NY_GL_AMT	GL_FED_AMT
Totals from attached sheet ..					
9 Totals (add amounts in columns E and F).....			9	TOT_NYS_GL_AMT	TOT_FED_GL_AMT
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	ADJ_GAIN_LOSS_AMT	

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
CT33AATTOFFICERS			
officers			
NAME STR_1_ADR STR_2_ADR	SSNMBR	TITLE	CMP_AMT
CTY_ADR ST_ADR ZIP_5_ADR			
ZIP_4_ADR			
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	TOT_SLRY_AMT

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 AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME		Signature of authorized person		Official title AUTHOFCR_TITL_DESC	
	Email address of authorized person TP_EMAIL_ADR		Telephone number () AUTH_PH_NMBR		Date AUTH_OFCR_SGN_DT	
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FIRM_NAME		Firm's EIN PAID_PREPARER_ID		Preparer's PTIN or SSN PREP_SSN_NMBR	
	Signature of individual preparing this return		Address PREP_LN_1_ADR PREP_LN_2_ADR		City PREP_CTY_ADR	
	State PREP_ST_ADR		ZIP code PREP_ZIP_5_ADR		ZIP code PREP_ZIP_4_ADR	
	Email address of individual preparing this return PP_EMAIL_ADR		Preparer's NYTPRIN TX_PREP_RGST_ID		Excl. code EXCL_CD	
					Date PREP_SIGN_DT	

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