

CT-33-A/B New York State Department of Taxation and Finance Subsidiary Detail Spreadsheet Attachment to Form CT-33-A Life Insurance Corporation Combined Franchise Tax Return

Combined parent corporation legal name

Parent employer identification number (EIN)

If there is only one subsidiary included in the combined return, this form is not required.

If there is more than one subsidiary included in the combined return, this form is required.

Attach all CT-33-A/B forms 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*.

| | | Subsidiary | Subsidiary |
|------|--|---------------------------|---------------------------|
| | • | EIN | • EIN |
| | | Legal name of corporation | Legal name of corporation |
| | | | |
| | | | |
| Sche | edule A – Computation of allocation percentage (see instructions) | <u>.</u> | · |
| 34 | New York taxable premiums (see instructions) | | • |
| 35 | New York ocean marine premiums (see instructions) | | • |
| | New York premiums for annuity contracts and for insurance for the elderly (see instr.) • | | • |
| 37 | New York premiums on reinsurance assumed (see instructions) | | • |
| | 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 | New York premium percentage (divide line 40 by line 41) | % | |
| 43 | 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 | New York payroll percentage (divide line 44 by line 45) | % | |
| 47 | Total New York percentages (add lines 43 and 46) | % | % |
| | Allocation percentage (Divide line 47 by ten; if line 42 or 46 is zero, see instructions.) | % | % |
| Sche | edule B — Computation of subsidiary capital (see instructions) | | |
| 49 | Average fair market value of subsidiary capital | | |
| 50 | Average value of current liabilities attributable to subsidiary capital | | |
| | Net average fair market value of subsidiary capital | | |
| | Net average value of subsidiary capital allocated to New York State ${\scriptstyle \bullet}$ | | • |
| | edule C – Computation of business and investment capital (see instru | uctions) | |
| 53 | Average value of total assets (see instructions) | | • |
| 54 | Average fair market value adjustment | | |
| 55 | Average value of nonadmitted assets from annual statement (see instr.) $\ldots \bullet$ | | |
| 56 | Total assets (add lines 53, 54, and 55 in Total column) | | |
| 57 | Average value of current liabilities (see instructions) | | <u> </u> |
| 58 | Total capital (subtract line 57 from line 56 in Total column) | | |
| 59 | Subsidiary capital from line 51, Total column | | |
| | Business and investment capital (subtract line 59 from line 58 in Total column) | | |
| 61 | Average value of assets, excluding subsidiary assets included on line 51, | | |
| | held as reserves under New York State Insurance Law sections 1303, | | |
| | 1304, and 1305 (see instructions) | | |
| 62 | Adjusted business and investment capital (subtract line 61 from line 60 in Total column) | | |



Who must file this form

Parent corporations who file a combined return that includes more than one subsidiary must use Form CT-33-A/B to detail the subsidiaries' individual computations. Each Form CT-33-A/B may accommodate six subsidiaries. Use as many additional Form CT-33-A/Bs as necessary. The parent corporation should complete the *Parent* column on Form CT-33-A and should not be included on Form CT-33-A/B.

Instructions

Line numbers and text for Form CT-33-A/B correspond to the line numbers of Form CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return.* Note that certain lines are not included on Form CT-33-A/B because subsidiary information is not required for these lines. For line instructions, refer to the corresponding line instructions in Form CT-33-A-I, *Instructions for Forms CT-33-A, CT-33-A/ATT, and CT-33-A/B.*

Enter the amounts shown in the Total column on the corresponding line on Form CT-33-A, column B (Total subsidiaries).

| | Subsidiary | Subsidiary | Subsidiary | Subsidiary | Total |
|----------|---------------------------|---------------------------|---------------------------|---------------------------|-------|
| • | EIN | • EIN | • EIN | • EIN | |
| | Legal name of corporation | |
| | | | | | |
| | | | | | |
| | edule A – Computati | ion of allocation perce | entage (see instructions) | | |
| 34 | | | | | 34 |
| 35 | | | | • | 35 |
| 36 | | • | | • | 36 |
| 37 | • | | | | 37 |
| 38 | • | • | • | • | 38 |
| 39 | • | | • | • | 39 |
| 40 | • | • | • | • | 40 |
| 41 | • | • | • | • | 41 |
| 42 | % | % | % | % | 42 |
| 43 | % | % | % | % | 43 |
| | • | | | | |
| 44 | | | | | 44 |
| | • | • | • | • | |
| 45 | | | | | 45 |
| 46 | % | % | % | % | 46 |
| 47 | % | | % | | |
| 48 | % | | % | | + |
| | J | ion of subsidiary capit | | | |
| 49 | • | • | | • | 49 |
| 50 | • | • | • | • | 50 |
| 51 | • | • | • | • | 51 |
| 52 | • | • | • | • | 52 |
| | edule C – Computat | ion of business and in | vestment capital (see | instructions) | 1 - 1 |
| 53 | • | • | • | | 53 |
| 54 | • | • | • | • | 54 |
| 55 | • | • | • | • | 55 |
| 56 | | | | | 56 |
| 57 | • | • | • | • | 57 |
| 58 | | | | | 58 |
| 59 | | | | | 59 |
| 60 | | | | | 60 |
| 00 | • | • | | • | |
| | | | | | |
| 61 | | | | | 61 |
| 61 62 | | | | | 62 |
| 02 | | | | | 02 |



| Lega | I name of corporation | | EIN | |
|------|--|-----|-------------------------|---------------------------|
| | | | Subsidiary | Subsidiary |
| | | EIN | , | EIN |
| | | Leç | gal name of corporation | Legal name of corporation |
| Sche | edule D — Computation of entire net income (see instructions) | | | |
| | FTI before operations or net operating loss (include disallowed dividends | | | • |
| 04 | paid deduction; see instructions) | | | |
| ۸ddi | tions | | I | |
| | Dividends-received deduction (used to compute line 64) | | | |
| | Dividend or interest income not included in line 64 (attach list; see instructions) | | | • |
| | Interest to stockholders: minus 10% or \$1,000, | | | • |
| 07 | whichever is larger (see instructions) | | | |
| 69 | Adjustment for gains or losses on disposition of property acquired | | | • |
| 00 | before January 1, 1974 (from Form CT-33-A/ATT, Schedule D, line 10; see instr.) | | | |
| 60 | | | | • |
| | Deductions attributable to subsidiary capital (<i>attach list; see instructions</i>) • New York State franchise tax deducted on federal return (<i>attach list; see instr.</i>) • | | | • |
| | | | | • |
| | Amount deducted on your federal return as a result of a safe harbor lease (see instr.) • | | | |
| 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 | | | | • |
| | • Total (citizing 24 line of 74 is Total and 199 | | | |
| | Total (add lines 64 through 74 in Total column) | | | |
| | ractions | | | |
| 76 | Interest, dividends, and capital gains from subsidiary capital (attach list; see | | | |
| | instructions) | | | • |
| | | | | |
| | Fifty percent of dividends from nonsubsidiary corporations (attach list; see instructions) • | | | |
| 78 | Gain on installment sales made before January 1, 1974 (attach list; see instr.) • | | | |
| 00 | | | | |
| | Amount included on your federal return as a result of a safe harbor lease (see instr.) • | | | |
| 81 | Amount that could have been deducted on your federal return except | | | |
| ~~ | for a safe harbor lease (see instructions) | - | | • |
| 82 | Total amount of allowable New York depreciation under Article 33, | | | |
| | section 1503(b), from Form CT-399 (see instructions) | | | |
| 83 | Other subtractions (see instructions) | | | |
| Sche | edule E — Computation of alternative base (see instructions) | | | |
| 87 | Officer salaries and other compensation (from Form CT-33-A/ATT, Schedule E, | | | |



line 11; see instructions)

| Subsidiary | Subsidiary | Subsidiary | Subsidiary | Total |
|---------------------------|---------------------------|---------------------------|---------------------------|-------|
| EIN | EIN | EIN | EIN | Total |
| Legal name of corporation | |
| | | | | |
| | | | | |

Schedule D – Computation of entire net income (see instructions)

| • | • | • | • | | |
|------------|---|---------|---|-------|--|
| 4 | | | | 64 | |
| lditions | | | | | |
| 5 • | • | • | | 65 | |
| 6 • | • | • | • | 66 | |
| | | | | | |
| 7 | | | | 67 | |
| | | | | | |
| 3 | | | | 68 | |
| 9 • | • | • | • | 69 | |
| D • | • | • | • | 70 | |
| 1 • | • | • | • | 71 | |
| • | • | | • | | |
| 2 | | | | 72 | |
| • | • | • | • | | |
| 3 | | | | 73 | |
| 4 • | • | • | • | 74 | |
| 5 | | | | 75 | |
| btractions | | | | · · | |
| • | • | • | • | | |
| 6 | | | | 76 | |
| • | • | • | • | | |
| 7 | | | | 77 | |
| 3 • | • | • | • | 78 | |
| | | | | · · · | |
| D 🕈 | • | • | • | 80 | |
| • | • | • | • | | |
| 1 | | | | 81 | |
| • | • | | • | | |
| 2 | | | | 82 | |
| 3 • | • | • | • | 83 | |
| | | I _ I I | | | |

| 87 | | | | | 87 | |
|----|--|--|--|--|----|--|



| | | EIN Legal name of corr | | Subsidiary | |
|----------------------------|--|---------------------------|----------|---------------------------|----|
| | | | | | |
| | | Legal name of cor | | EIN | |
| | | Legal hame of cor | poration | Legal name of corporation | on |
| | | | | | |
| Schedule F – Compu | tation of premiums (see instructions) | | I | | |
| Life insurance company | premiums taxable under Article 33 section 1510 |) | 1 1 | | |
| 93 Life insurance prem | iums | • | | | |
| 94 Accident and health | n insurance premiums | • | | • | |
| 95 Other insurance pre | emiums (attach list) | • | | | |
| 96 Total life insurance of | company premiums (add lines 93, 94, and 95) | • | | • | |
| Life insurance company | premiums included in the tax limitations compu | uted | | | |
| under Article 33 section | on 1505 | | | 1 | |
| 97 Life insurance prem | iums | • | | | |
| 98 Accident and health | n insurance premiums | • | | | |
| 99 Other insurance pre | emiums | • | | | |
| 100 Total life insurance | company premiums subject to the floor limitation o | n | | | |
| tax under section | 1505(b) (add lines 97, 98, and 99) | | | | |
| | who receive more than 95% of their premiums fr | | | 1 | |
| 101 Annuity contracts, o | ocean marine insurance, and group insurance | | • | | |
| on the elderly (see | e instructions) | • | | | |
| 102 Total life insurance | company premiums subject to the limitation on tax | | | • | |
| | 05(a)(2) (add lines 100 and 101) | | | | |

| Schedule G - Computation of issuer's allocation percentage (see ins | tructions) | |
|---|------------|---|
| 103 New York gross direct premiums | | • |
| 104 Total gross direct premiums | | • |



| Subsidiary | Subsidiary | Subsidiary | Subsidiary | Total |
|---------------------------|---------------------------|---------------------------|---------------------------|-------|
| EIN | EIN | EIN | EIN | lotal |
| Legal name of corporation | |
| | | | | |
| | | | | |

Schedule F – Computation of premiums (see instructions)

| Life insurance c | Life insurance company premiums taxable under Article 33 section 1510 | | | | | | | | | | | |
|------------------|---|---|---|----|--|--|--|--|--|--|--|--|
| 93 • | • | • | • | 93 | | | | | | | | |
| 94 • | • | • | • | 94 | | | | | | | | |
| 95 • | • | • | • | 95 | | | | | | | | |
| 96 • | • | | • | 96 | | | | | | | | |

Life insurance company premiums included in the tax limitations computed under Article 33 section 1505

| 97 | • | 1 | • | • | | 97 |
|------|----------------------|----|-----------------------|-----------|---------------------------|-----|
| 98 | • | | • | • | • | 98 |
| 99 | | | | • | | 99 |
| 100 | | | | | | 100 |
| Insu | rance corporations v | wh | o receive more than 9 | <u>)5</u> | % of their premiums from: | |
| 101 | | | | • | • | 101 |
| 102 | | | | • | • | 102 |

| Schedule G — Computation of issuer's allocation percentage (see instructions) | | | | | | | | | | | |
|---|---|---|---|-----|--|--|--|--|--|--|--|
| 103 • | • | • | • | 103 | | | | | | | |
| 104 • | • | • | • | 104 | | | | | | | |

