

CT-33X

New York State Department of Taxation and Finance

Information Return for Members of the New York Insurance Exchange

For calendar year **1987**

or taxable period

beginning

ending

Mail completed report to: NYS Corporation Tax Processing Unit P. O. Box 1909 Albany, New York 12201-1909 within 2½ months after close of report period.	Employer identification number	File number	For office use only
	Name		
	Number and street		
	City or town	State	

Schedule A – Computation of New York Allocation Percentage

1. Premiums on risks located in New York	1	
2. Total premiums	2	
3. New York premium percentage <i>(divide line 1 by line 2)</i>	3	%
4. Weighted New York premium percentage <i>(multiply line 3 by factor of 9)</i>	4	%
5. New York wages	5	
6. Total wages	6	
7. New York wage percentage <i>(divide line 5 by line 6)</i>	7	%
8. Total New York percentages <i>(add line 4 and line 7)</i>	8	%
9. Allocation percentage <i>(divide line 8 by factor of 10)</i>	9	%

Schedule B – Identification of Participants

Participant A

Name of Participant	Employer Identification or Social Security Number
Number and Street	
City or Town State Zip code	

Participant B

Name of Participant	Employer Identification or Social Security Number
Number and Street	
City or Town State Zip code	

Participant C

Name of Participant	Employer Identification or Social Security Number
Number and Street	
City or Town State Zip code	

Certification

I hereby certify that this report and any attachments are to the best of my knowledge and belief, true, correct and complete.

Date	Signature of Member	Official Title
Date	Signature of Individual or Name of Firm Preparing This Report	Preparer's Address

Schedule C — Distribution and Allocation of Entire Net Income

	Total	Participant A	Participant B	Participant C
10. Form of business organization (corporation, partnership, individual, etc.)				
11. Percentage of participation - enter percentage for each participant	100%			
12. Federal taxable income				
Additions				
13. Dividend or interest income not included in line 12				
14. Other (explain)				
15. Total (add lines 12, 13 and 14)				
Subtractions				
16. 50% of dividends from nonsubsidiary corporations				
17. Other (explain)				
18. Add lines 16 and 17				
19. Entire net income (subtract line 18 from line 15)				
20. Allocation percentage from line 9, Schedule A				
21. Allocated entire net income (multiply line 19 by line 20)				

22. Was any interest paid to a stockholder of a corporate participant? Yes No
 If "yes," submit full details.