



CT-33-A

New York State Department of Taxation and Finance

Insurance Corporation

Combined Franchise Tax Return

Tax Law — Article 33

1996 calendar yr. filers, check box
Other filers enter tax period:

beginning ending

Employer identification number, File number, Mailing Name and Address, Payment enclosed

Schedule K — Computation of Tax and Installment Payments of Estimated Tax

Table with 3 columns: Description, Column A, Column B. Rows 1-33 detailing tax calculations.

	Parent	Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate Eliminations	C Combined Totals (col. A - col. B)
Schedule L - Computation of Combined Allocation Percentage								
Schedule L								
34 New York premiums from Form CT-33, Schedule B, line 39								34 ●
35 Total premiums from Form CT-33, Schedule B, line 40								35 ●
36 New York premiums percentage (divide line 34 by line 35)								36 ● %
37 Weighted New York premiums percentage (multiply line 36 by nine)								37 ● %
38 New York wages from Form CT-33, Schedule B, line 43								38 ●
39 Total wages from Form CT-33, Schedule B, line 44								39 ●
40 New York payroll percentage (divide line 38 by line 39)								40 ● %
41 Total New York percentages (add lines 37 and 40)								41 ● %
42 Combined allocation percentage (divide line 41 by ten)								42 ● %
Schedule M - Computation of Combined Subsidiary Allocation Percentage								
Schedule M								
43 New York subsidiary capital from Form CT-33, Schedule C, line 49							●	43 ●
44 Total subsidiary capital from Form CT-33, Schedule C, line 48, column E							●	44 ●
45 Combined subsidiary allocation percentage (divide line 43 by line 44)								45 ● %
Schedule N - Computation of Combined Allocated New York Income								
Schedule N								
46 Entire net income from Form CT-33, Schedule F, line 91							●	46 ●
47 Combined allocated entire net income (multiply line 46 by line 42; enter here and on line 1)								47 ●
Schedule O - Computation of Combined Allocated New York Capital								
Schedule O								
48 Business and investment capital from Form CT-33, Schedule D, line 59							●	48 ●
49 Combined allocated capital (multiply line 48 by line 42; enter here and on line 2)								49 ●
Schedule P - Computation of Combined Allocated Subsidiary Capital								
Schedule P								
50 Subsidiary capital from Form CT-33, Schedule D, line 56							●	50 ●
51 Combined allocated subsidiary capital (multiply line 50 by line 45; enter here and on line 5)								51 ●
Schedule Q - Analysis of Schedule H, Form CT-33								
Schedule Q								
52 Life insurance company premiums from Form CT-33, Schedule H, line 97, column A (enter combined total here and on line 7)								52
Nonlife insurance company premiums:								
53 Accident and health premiums from Form CT-33, Schedule H, line 98, column A (enter combined total here and on line 8)								53
54 Other insurance premiums from Form CT-33, Schedule H, line 99, column A (enter combined total here and on line 9)								54
Schedule R - Limitation on Tax								
Schedule R								
55 Premiums from Form CT-33, line 103 (enter here and on line 13)								55 ●
Schedule S - Computation of Issuer's Allocation Percentage								
Schedule S								
56 New York gross direct premiums from Form CT-33, line 115								56
57 Total gross direct premiums from Form CT-33, line 116								57
58 Issuer's allocation percentage (divide line 56 by line 57; enter here and on line 33)								58 %

List complete names and employer identification numbers for all members of this combined group (attach additional pages, if necessary).

Names	Employer Identification Number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	
Subsidiary #5	
Subsidiary #6	

Composition of Prepayments Claimed on line 21

	Date Paid	Amount
59 Mandatory first installment of combined group	59	
60 CT-400 installments of combined group	60 (1)	
	(2)	
	(3)	
61 Payment with extension application, Form CT-5.3, line 8	61	
62 Credit from prior years combined return	62	
63 Credit from Form CT-33-M	63 Period	
64 Total prepayments from subsidiaries not previously included in combined return	64	
65 Total prepayments (add lines 59 through 64; enter here and on line 21)	65	

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

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)		ID number
	Address		Signature of individual preparing this return

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909**
If you are a calendar year filer, you will have until Monday, March 17, 1997,
to file your return since the legal filing date falls on a Saturday.

You must, within 30 days after the end of the tax year, request permission to file on a combined basis, to include corporations not previously included, or to exclude corporations previously included.