New York State Department of Taxation and Finance

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

\sim	∫ (CI-33-A	Insurance	ce Corpo	ratio	n		lers enter tax		
_	1996		ed Franc		T D-1	beginni			
Emplo	yer identification number		File number		If address on return is	endi	ng use only		
Lilipio	yer identification number		. Line number	ı	new, check box	1 of office	use only		
					(see instructions).				
	Taxpayer's business name				If your name, employer	Date rece	aired		
ne s	Business name at location below (if different fr	rom husingsa nama ahaya	1		identification number, address or owner/officer	Date lece	ivea		
Mailing Name	Business name at location below (if university in	ioni business name above,	, PLACE LABE	I HERE	information has changed,				
g b	C/O Street or PO Box				you must file Form DTF-95 (see instructions). If no form				
li≝ b	Silect of 1 o Box				is enclosed, call				
Ma	City		State Z	ZIP code	1 800 462-8100 to request one. From areas outside				
	Oity		Olate 2	LII COUE	the U.S. and Canada, call (518) 485-6800.	Audit use	,		
Com	nplete Form CT-33, lines 32 throu	ugh 123 for each	member of the co	ombined o	, ,				
	return. (See Form CT-33-A-I, <i>Ins</i>				group and mo mom man				
Do y	ou do business, employ capital, own	or lease property o	r maintain an office	in the Metr	ropolitan Commuter	1			
Trans	sportation District (MCTD)?	Yes No If	you answer Yes, yo	ou must file	Form CT-33-M.				
A. P	ayment — pay amount shown or	n line 26. Make cl	heck payable to: I	New York	State Corporation Tax	'	Payment er	nclosed	
	··· Attach your payment here.		. ,		·				
Sch	edule K — Computation	of Tay and In	etallmont						
JUII	Payments of E	Fstimated Tax	,		Column A		Colur	nn B	
	- aymonto or i	Lottimated Tax	•						
	Combined allocated entire net in			l l			•		4
	Combined allocated capital from					16 2	•		_
	Combined alternative base (see								_
	Minimum tax for parent corpora			l l				250	0 (
	Combined allocated subsidiary	-					•		_
	Combined franchise tax (line 1, 2			-					+
	Combined life insurance compa			l l	× .00				╀
	Accident and health premiums f								+
	Other premiums from line 54, co						•		+
	Total additional franchise tax (ad								╁
	Combined minimum tax for subs					11			+
12	Total (add lines 6, 10 and 11)				·····				+
	Limitation on tax (section 1505): p					6 13 14			+
	Tax from line 12 or 13, whichev		-	EDZ OF ZE.	A creaits)	··· ' '			+
13		n fire insurance prem				_			
		CT-43 ●			DTF-601.1	4-			
46	(attach forms; see instructions for	·	•		,				十
	Tax due (subtract line 15 from line State tax surcharge (multiply line				ructions)				+
17 18	Total tax and state tax surcharg	-			,				╁
10	First installment of estimated tax								T
19a	If a request for extension was fi	•	-			19a			
	If Form CT-5.3 was not filed and					· · · · · · · · · · · · · · · · · · ·			1
20	Total (add line 18 and line 19a or 1								T
21	Total prepayments from line 65						i e		T
	Balance (if line 21 is less than line					22			T
23	Penalty for underpayment of est								
	Interest on late payment (see ins								Ī
25	Late filing and late payment per								I
	Balance Due (add lines 22 through								Ι
27									
28	Amount of overpayment to be c								

29 Balance of overpayment (subtract line 28 from line 27)..... **30** Amount of overpayment to be credited to Form CT-33-M

31 Refund of overpayment (subtract line 30 from line 29).

32 Refund of excess retaliatory tax credit (see instructions)..... 33 Combined group issuer's allocation percentage from line 58

29

30 31

32

33

Subsidiary #6

	Parent	Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate Eliminations	C Combined (col. A –	
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	l l						•	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	3						•	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	2							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	Į į							54	
Schedule R - Limitation on Tax				Schedule R					
55 Premiums from Form CT-33, line 103 (enter here and on line 13)	5							55 ●	
Schedule S - Computation of Issuer's Allocation Percentage		1		Schedule S	T				
56 New York gross direct premiums from Form CT-33, line 115	6							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 canditional pages, if necessary).	combined group (attach	Composition	of Prepayme	nts Claimed o	n line 21				
	Employer	=	<i>a</i>			Γ <u>-</u>	Date Paid	Amount	
Names	Identification Number		first installment o						
5 .	identification Number	_ 60 CT-400 ins	stailments of comb	ined group		60 (1)		

Parent Subsidiary #1 Subsidiary #2 Subsidiary #3 Subsidiary #4 Subsidiary #5

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.

				Date Paid		Amount		
59	Mandatory first installment of combined group	<u></u>	59					
	CT-400 installments of combined group							
	ů .		(2)					
			(3)					
61	Payment with extension application, Form CT-5.3, line 8		61					
	Credit from prior years combined return				62			
	Credit from Form CT-33-M			Period				
64	Total prepayments from subsidiaries not previously included in combine		64					
65	Total prepayments (add lines 59 through 64; enter here and on line 21)							
Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.								
Signa	ature of elected officer or authorized person	fficial title				Date		
-	Firm's name (or yours if self-employed)		ID nur	nber		Date		
pare nly								
Pre Se O	Address		Signat	ure of individual pre	paring	this return		
Paid Preparer Use Only								

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.