



CT-33-A

New York State Department of Taxation and Finance

Insurance Corporation

Combined Franchise Tax Return

Tax Law — Article 33

1997 calendar yr. filers, check box
Other filers enter tax period:

beginning
ending

Employer identification number, File number, Mailing Name and Address, Taxpayer's business name, City, State, ZIP code, Check box if overpayment claimed, Do you do business in the Metropolitan Commuter Transportation District (MCTD)?, A. Payment — pay amount shown on line 24.

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

Table with 31 rows for tax computation. Columns include line number, description, calculation (e.g., x .09), and amount. Line 4 shows 250.00. Line 31 shows allocation percentage from line 56.

	Parent
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Schedule L - Computation of Combined Allocation Percentage

32 New York premiums from Form CT-33, Schedule B, line 37	32	
33 Total premiums from Form CT-33, Schedule B, line 38	33	
34 New York premiums percentage (divide line 32 by line 33)	34	
35 Weighted New York premiums percentage (multiply line 34 by nine)	35	
36 New York wages from Form CT-33, Schedule B, line 41	36	
37 Total wages from Form CT-33, Schedule B, line 42	37	
38 New York payroll percentage (divide line 36 by line 37)	38	
39 Total New York percentages (add lines 35 and 38)	39	
40 Combined allocation percentage (divide line 39 by ten)	40	

Schedule M - Computation of Combined Subsidiary Allocation Percentage

41 New York subsidiary capital from Form CT-33, Schedule C, line 47	41	
42 Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	42	
43 Combined subsidiary allocation percentage (divide line 41 by line 42)	43	

Schedule N - Computation of Combined Allocated New York Income

44 Entire net income from Form CT-33, Schedule G, line 90	44	
45 Combined allocated entire net income (multiply line 44 by line 40; enter here and in box on line 1)	45	

Schedule O - Computation of Combined Allocated New York Capital

46 Business and investment capital from Form CT-33, Schedule D, line 57	46	
47 Combined allocated capital (multiply line 46 by line 40; enter here and in box on line 2)	47	

Schedule P - Computation of Combined Allocated Subsidiary Capital

48 Subsidiary capital from Form CT-33, Schedule D, line 54	48	
49 Combined allocated subsidiary capital (multiply line 48 by line 43; enter here and on line 5)	49	

Schedule Q - Analysis of Schedule H, Form CT-33

50 Life insurance company premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and on line 7)	50	
Nonlife insurance company premiums:		
51 Accident and health premiums from Form CT-33, Schedule H, line 96, column A (enter combined total here and on line 8) ..	51	
52 Other insurance premiums from Form CT-33, Schedule H, line 97, column A (enter combined total here and on line 9)	52	

Schedule R - Limitation on Tax

53 Premiums from Form CT-33, Schedule H, line 101 (enter here and in box on line 13)	53	
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Schedule S - Computation of Issuer's Allocation Percentage

54 New York gross direct premiums from Form CT-33, Schedule J, line 118	54	
55 Total gross direct premiums from Form CT-33, Schedule J, line 119	55	
56 Issuer's allocation percentage (divide line 54 by line 55; enter here and on line 31)	56	

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	

Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate Eliminations	C Combined Totals (col. A – col. B)
Schedule L						
						32 ●
						33 ●
						34 ● %
						35 ● %
						36 ●
						37 ●
						38 ● %
						39 ● %
						40 ● %
Schedule M						
					●	41 ●
					●	42 ●
						43 ● %
Schedule N						
					●	44 ●
						45 ●
Schedule O						
					●	46 ●
						47 ●
Schedule P						
					●	48 ●
						49 ●
Schedule Q						
						50
						51
						52
Schedule R						
						53 ●
Schedule S						
						54
						55
						56 %

Composition of Prepayments Claimed on line 19

		Date Paid	Amount
57	Mandatory first installment of combined group	57	
58	CT-400 installments of combined group	58 (1)	
		(2)	
		(3)	
59	Payment with extension application, Form CT-5.3, line 8	59	
60	Credit from prior years combined return	60	
61	Credit from Form CT-33-M	61 Period	
62	Total prepayments from subsidiaries not previously included in combined return	62	
63	Total prepayments (add lines 57 through 62; enter here and on line 19)	63	

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	Date
	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 16, 1998,
to file your return since the legal filing date falls on a Sunday.