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|---------------------------|--------------------------------|
| Legal name of corporation | Employer identification number |
|---------------------------|--------------------------------|

**Schedule B – Computation and allocation of subsidiary capital** *(see instructions; attach separate sheet if necessary)*

**A** – Description of subsidiary capital *(list the name of each corporation and the EIN here; for each corporation complete columns B through G on the corresponding lines below)*

| Item   | Name                                  |                                   |   |   |                                  |   | EIN |
|--|---------------------------------------|-----------------------------------|---|---|----------------------------------|---|-----|
| A  |                                       |                                   |   |   |                                  |   |     |
| B  |                                       |                                   |   |   |                                  |   |     |
| C  |                                       |                                   |   |   |                                  |   |     |
| D  |                                       |                                   |   |   |                                  |   |     |
| E  |                                       |                                   |   |   |                                  |   |     |
| A<br>Item  | B<br>% of<br>voting<br>stock<br>owned | C<br>Average fair<br>market value | D<br>Current liabilities<br>attributable to<br>subsidiary capital | E<br>Net average fair<br>market value<br><i>(column C – column D)</i> | F<br>Issuer's<br>allocation<br>% | G<br>Value allocated<br>to New York State<br><i>(column E × column F)</i> |     |
| A  |                                       |                                   |   |   |                                  |   |     |
| B  |                                       |                                   |   |   |                                  |   |     |
| C  |                                       |                                   |   |   |                                  |   |     |
| D  |                                       |                                   |   |   |                                  |   |     |
| E  |                                       |                                   |   |   |                                  |   |     |
| Totals from attached sheet   |                                       |                                   |   |   |                                  |   |     |
| <b>2</b> Totals <i>(add amounts in columns C, D, and E)</i>  |                                       |                                   |   |   |                                  |   |     |
| • <b>2.</b>  |                                       |                                   |   |   |                                  |   |     |
| <b>3</b> Allocated subsidiary capital <i>(add column G amounts; enter here and on line 52 of Form CT-33-A or Form CT-33-A/B)</i> ..... • <b>3.</b> |                                       |                                   |   |   |                                  |   |     |

**Schedule C – Computation of business and investment capital** *(see instructions)*

|   | A<br>Beginning of year | B<br>End of year | C<br>Average fair market<br>value basis |
|---|------------------------|------------------|---|
| <b>4</b> Total assets <i>(see instructions)</i> .....   | <b>4.</b>              |                  |   |
| <b>5</b> Fair market value adjustment <i>(attach computation; show any negative amounts with a minus (-) sign)</i> .....  | <b>5.</b>              |                  |   |
| <b>6</b> Nonadmitted assets from annual statement .....   | <b>6.</b>              |                  |   |
| <b>7</b> Current liabilities.....   | <b>7.</b>              |                  |   |
| <b>8</b> Assets, excluding subsidiary assets included on line 2, column C, held as reserves under New York State Insurance Law sections 1303, 1304, and 1305 <i>(use same method to value assets as on lines 4 through 6)</i> ..... | <b>8.</b>              |                  |   |

**Schedule D – Computation of adjustment for gains or losses on disposition of property acquired before January 1, 1974** (you may no longer report gain or loss in the same manner you report it on your federal income tax return)

| A<br>Description of property<br>(attach separate sheet if necessary)   | B<br>Cost | C<br>Fair market price or value on Jan. 1, 1974 | D<br>Value realized on disposition | E<br>New York gain or loss | F<br>Federal gain or loss |  |
|--|-----------|---|------------------------------------|----------------------------|---------------------------|--|
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|  |           |   |                                    |                            |                           |  |
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|  |           |   |                                    |                            |                           |  |
|  |           |   |                                    |                            |                           |  |
| Totals from attached sheet..   |           |   |                                    |                            |                           |  |
| <b>9</b> Totals (add amounts in columns E and F) .....   |           |   |                                    | <b>9.</b>                  |                           |  |
| <b>10</b> New York adjustment (subtract line 9, column F, from line 9, column E; enter here and on line 68 of Form CT-33-A or Form CT-33-A/B; use a minus sign for negative amounts) ..... |           |   |                                    |                            | <b>10.</b>                |  |

**Schedule E – Officers (appointed or elected) and certain stockholders** (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation)

| A<br>Name and address<br>(give actual residence;<br>attach separate sheet if necessary)                    | B<br>Social security number | C<br>Official title | D<br>Salary and all other compensation received from corporation |
|--|-----------------------------|---------------------|--|
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| Totals from attached sheet .....   |                             |                     |  |
| <b>11</b> Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) ..... |                             |                     | <b>11.</b>   |

**Certification:** Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

|   |  |  |                                |                         |                |                        |
|---|--|--|--------------------------------|-------------------------|----------------|------------------------|
| <b>Authorized person</b>                      | Printed name of authorized person                  |  | Signature of authorized person |                         | Official title |                        |
|   | E-mail address of authorized person                |  |                                | Telephone number<br>( ) |                | Date                   |
| <b>Paid preparer use only</b><br>(see Instr.) | Firm's name (or yours if self-employed)            |  |                                | Firm's EIN              |                | Preparer's PTIN or SSN |
|   | Signature of individual preparing this return      |  | Address                        |                         | City           | State ZIP code         |
|   | E-mail address of individual preparing this return |  |                                | Preparer's NYTPRIN      |                | Date                   |

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