



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law — Article 33

1998 calendar-yr. filers, check box
Other filers enter tax period:

beginning

ending

Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date received, Date of incorporation, Foreign corporations: date began business in NYS, Audit use, Business telephone number, Business activity code number, Principal business activity

Federal return was filed on: 1120-L, 1120-PC, Consolidated, Other

A. Payment — pay amount shown on line 19. Make check payable to: New York State Corporation Tax
Payment enclosed

Computation of Tax and Installment Payments of Estimated Tax

Tax on New York State Gross Direct Premiums:

Table with 4 rows: 1 First \$20,000,000 of Gross Direct Premiums, 2 \$20,000,001-\$40,000,000 of Gross Direct Premiums, 3 \$40,000,001-\$60,000,000 of Gross Direct Premiums, 4 Excess of \$60,000,000 of Gross Direct Premiums

Tax on New York State Reinsurance Premiums:

Table with 4 rows: 5 First \$20,000,000 of Reinsurance Premiums, 6 \$20,000,001-\$40,000,000 of Reinsurance Premiums, 7 \$40,000,001-\$60,000,000 of Reinsurance Premiums, 8 Excess of \$60,000,000 of Reinsurance Premiums

Computation of Tax and Estimated Tax Due:

Table with 22 rows: 9 Tax Due based upon premiums, 10 Minimum Tax, 11 Tax Due, 12a 12b First installment of estimated tax for next period, 13 Total, 14 Total prepayments from line 26, 15 Balance, 16 Penalty for underpayment of estimated tax, 17 Interest on late payment, 18 Late filing and late payment penalties, 19 Balance due, 20 Overpayment, 21 Amount of overpayment to be credited to next period, 22 Refund of overpayment

Continued on the back.

Composition of Prepayments on Line 14

		Date Paid	Amount
23	CT-400 installments.....	(1) (2) (3)	
24	Payment with extension request (from Form CT-5, line 5)	24	
25	Credit from prior years.....	25	
26	Total prepayments (add lines 23 through 25; enter here and on line 14).....	26	

Have you been audited by the Internal Revenue Service in the past 5 years? (if Yes list years.) Yes No

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 returns to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**

Private Delivery Services

See *Private Delivery Services* in the instructions.

Attach a copy of your complete federal return, a copy of your Annual Report of Premiums as filed with the New York State Insurance Department and copies of the following schedules from your Annual Statement: Balance Sheet, the Analysis of Assets Exhibit and the Summary by Country portion of Schedule D.