



# CT-33

New York State Department of Taxation and Finance

# Life Insurance Corporation Franchise Tax Return

2003 calendar-year filers check box:

Amended return

Other filers enter tax period: beginning  ending

Tax Law — Article 33

Employer identification number	File number	Business telephone number ( )	<input type="checkbox"/> If you claim an overpayment, check box
Legal name of corporation		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box		Date of incorporation	
City	State	ZIP code	
NAICS business code number (see instructions)	<input type="checkbox"/> If address above is new, check box	If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section of the instructions.	
Principal business activity		Audit (for Tax Department use only)	

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see instructions) .....  Yes  No

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

<b>A. Payment</b> — pay amount shown on line 21. Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed
Attach your payment here.	

Computation of tax and installment payments of estimated tax	1	Allocated entire net income from line 82	<input type="text"/>	x .075	...	•	1.	
	2	Allocated business and investment capital from line 58	<input type="text"/>	x .0016	...	•	2.	
	3	Alternative tax (see instructions; attach computation)	<input type="text"/>	x .09	...	•	3.	
	4	Minimum tax					4.	250 00
	5	Allocated subsidiary capital from line 47	<input type="text"/>	x .0008	...	•	5.	
	6	Life insurance company premiums from line 86, column A	<input type="text"/>	x .007	...	•	6.	
	7	Total tax (amount from line 1, 2, 3, or 4, whichever is largest, plus lines 5 and 6)					7.	
	8	Section 1505(b) floor limitation on tax (enter amount from line 86, column B)	<input type="text"/>	x .015	..	•	8.	
	9a	Tax before EZ and ZEA credits (enter amount from line 7 or 8, whichever is larger)					9a.	
	9b	EZ and ZEA tax credits claimed (enter amount from line 104)					9b.	
	9c	Tax after EZ and ZEA tax credits (subtract line 9b from line 9a)					9c.	
	10	Section 1505(a)(2) limitation on tax (enter amount from line 90)	<input type="text"/>	x .02	...	•	10.	
	11	Tax (enter amount from line 9c or line 10, whichever is less)					11.	
	12	Tax credits (enter amount from line 105)					12.	
	13	Tax due (subtract line 12 from line 11; if less than zero, enter "0")					13.	
		<b>First installment of</b>	14a	If you filed a request for extension, enter amount from Form CT-5, line 2			14a.	
		<b>estimated tax for</b>	14b	If you did not file Form CT-5 and line 13 is over \$1,000, enter 40% (.40) of line 13			14b.	
		<b>next period:</b>	15	Total (add line 13 and line 14a or 14b)			15.	
	16	Total prepayments from line 102					16.	
	17	Balance (if line 16 is less than line 15, subtract line 16 from line 15)					17.	
	18	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")					18.	
	19	Interest on late payment (see instructions)					19.	
	20	Late filing and late payment penalties (see instructions)					20.	
	21	<b>Balance due</b> (add lines 17 through 20; enter payment on line A above)					21.	
	22	<b>Overpayment</b> (if line 15 is less than line 16, subtract line 15 from line 16)					22.	
	23	Amount of overpayment to be credited to next period					23.	
	24	Balance of overpayment (subtract line 23 from line 22)					24.	
	25	Amount of overpayment to be credited to Form CT-33-M					25.	
	26	Refund of overpayment (subtract line 25 from line 24)					26.	
27	Refund of tax credits (see instructions)					27.		
28	Issuer's allocation percentage from line 93					28.	%	
29	Reinsurance allocation percentage from line 39					29.	%	



Taxpayer's name	Employer identification number
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**Schedule D — Computation and allocation of business and investment capital**

	A Beginning of year	B End of year		C Average fair market value basis
48 Total assets from annual statement ( <i>balance sheet</i> ) .. •			48.	
49 Fair market value adjustment ( <i>attach computation; if negative amount, use parentheses</i> ) .....			49.	
50 Nonadmitted assets from annual statement .....			50.	
51 Total assets ( <i>add lines 48, 49, and 50</i> ) .....			51.	
52 Current liabilities .....			52.	
53 Total capital ( <i>subtract line 52 from line 51</i> ) .....			53.	
54 Subsidiary capital from line 46, column E .....			54.	
55 Business and investment capital ( <i>subtract line 54 from line 53</i> ) .....			55.	
56 Assets, excluding subsidiary assets included on line 54, held as reserves under New York State Insurance Law sections 1303, 1304, and 1305 ( <i>use same method to value assets as on line 51</i> ) ...	Beginning of year	End of year		
			56.	
57 Adjusted business and investment capital ( <i>subtract line 56 from line 55</i> ) .....			57.	
58 Allocated business and investment capital ( <i>multiply line 57 by the allocation percentage from line 45; enter here and in the first box on line 2</i> ) .....			58.	

**Schedule E — 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 Description of property <small>(attach separate sheet if necessary)</small>	B Cost	C Fair market price or value on Jan. 1, 1974	D Value realized on disposition	E New York gain (loss)	F Federal gain (loss)
Totals from attached sheet					
59 Totals .....			59.		
60 New York adjustment ( <i>subtract line 59, column F, from line 59, column E; enter here and on line 66; use parentheses for negative amounts</i> ) .....					60.

**Schedule F — 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 Name and address <small>(give actual residence; attach separate sheet if necessary)</small>	B Social security number	C Official title	D Salary and all other compensation received from corporation
Totals from attached sheet .....			
61 Totals ( <i>add column D amounts</i> ) .....			61.

**Schedule G — Computation and allocation of entire net income** (see instructions)

62	Federal taxable income before net operating loss or operations loss (see instructions)	•	62.		
<b>Additions</b>					
63	Dividends-received deduction (used to compute line 62)	•	63.		
64	Dividend or interest income not included in line 62 (attach list)	•	64.		
65	Interest to stockholders: <input type="text"/> less 10% or \$1,000, whichever is larger	•	65.		
66	Adjustment for gains or losses on disposition of property acquired before January 1, 1974 (from line 60)	•	66.		
67	Deductions attributable to subsidiary capital (attach list)	•	67.		
68	New York State franchise tax deducted on federal return (attach list)	•	68.		
69a	Amount deducted on your federal return as a result of a safe harbor lease	•	69a.		
69b	Amount that would have been required to be included on your federal return except for a safe harbor lease	•	69b.		
70	ACRS/MACRS and the 30%/50% federal special depreciation deductions (see instructions)	•	70.		
71	Other additions (attach explanation on separate sheet; see instructions)	•	71.		
72	Total (add lines 62 through 71)	•	72.		
<b>Subtractions</b>					
73	Interest, dividends, and capital gains from subsidiary capital (attach list)	•	73.		
74	Fifty percent of dividends from nonsubsidiary corporations (attach list)	•	74.		
75	Gain on installment sales made before January 1, 1974 (attach list)	•	75.		
76	New York net operating loss or operations loss (attach statement showing computation)	•	76.		
77a	Amount included on your federal return as a result of a safe harbor lease	•	77a.		
77b	Amount that could have been deducted on your federal return except for a safe harbor lease	•	77b.		
78	Depreciation allowed under Article 33 section 1503(b) (see instructions)	•	78.		
79	Other subtractions (attach explanation on separate sheet; see instructions)	•	79.		
80	Total subtractions (add lines 73 through 79)	•	80.		
81	Entire net income (subtract line 80 from line 72)	•	81.		
82	Allocated entire net income (multiply line 81 by line 45; enter here and in the first box on line 1)	•	82.		

**Schedule H — Computation of premiums** (see instructions)

		A Premiums taxable under section 1510	B Premiums included in tax limitation/floor computation — section 1505
<b>Life insurance companies</b>			
83	Life insurance premiums	• 83.	
84	Accident and health insurance premiums	• 84.	
85	Other insurance premiums (attach list)	• 85.	
86	Total (add lines 83, 84, and 85; enter column A total in the first box on line 6 and enter column B total in the first box on line 8)	• 86.	
<b>Insurance corporations who receive more than 95% of their premiums from:</b>			
87	Annuity contracts	• 87.	
88	Ocean marine insurance	• 88.	
89	Group insurance on the elderly (Insurance Law, section 4236)	• 89.	
90	Total (add lines 86 through 89, column B; enter total here and in the first box on line 10)	• 90.	

**Schedule I — Computation of issuer's allocation percentage**

91	New York gross direct premiums	•	91.	
92	Total gross direct premiums	•	92.	
93	Issuer's allocation percentage (divide line 91 by line 92; enter here and on line 28)	■	93.	%

**Schedule J — Composition of prepayments** (see instructions)

	Date paid	Amount
94 Mandatory first installment .....	94.	
95 Second installment from Form CT-400 .....	95.	
96 Third installment from Form CT-400 .....	96.	
97 Fourth installment from Form CT-400 .....	97.	
98 Payment with extension request from Form CT-5, line 5 .....	98.	
99 Tax credits credited as an overpayment from prior years .....	99.	
100 Overpayment credited from prior years .....	100.	
101 Overpayment credited from Form CT-33-M <input type="text" value="Period"/> .....	101.	
102 Total prepayments (add lines 94 through 101; enter here and on line 16) .....	102.	
103 Tax credits to be credited as an overpayment to next year's return (see instructions) .....	103.	

**Summary of tax credits claimed against current year's franchise tax return** (see instructions for lines 9b, 12, 104, and 105)

**EZ and ZEA tax credits** (attach appropriate form for each credit claimed)

Form CT-601 EZ wage tax credit ..	<input type="text"/>	Form CT-601.1 ZEA wage tax credit ...	<input type="text"/>	Form CT-602 EZ capital tax credit ...	<input type="text"/>
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104 Total EZ and ZEA tax credits claimed above; amount <b>cannot</b> reduce the tax to less than the minimum tax (enter here and on line 9b) .....	•	104.	<input type="text"/>
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**Tax credits** (attach appropriate form or statement for each credit claimed)

Fire insurance premiums tax credit (enter amount claimed) .....	<input type="text"/>	Form CT-249 Long-term care insurance credit .....	•	<input type="text"/>
Form CT-33-R Retaliatory tax credits .....	•	<input type="text"/>		
Form CT-33.1 CAPCO credit .....	•	<input type="text"/>		
Form CT-41, Credit for employment of persons with disabilities .....	•	<input type="text"/>		
Form CT-43, Special additional mortgage recording tax credit .....	•	<input type="text"/>		
Form CT-44, Investment tax credit for the financial services industries .....	•	<input type="text"/>		
		Form CT-250 Defibrillator credit .....	•	<input type="text"/>
		Form CT-604 QEZE credit for real property taxes .....	•	<input type="text"/>
		Form CT-604 QEZE tax reduction credit .....	•	<input type="text"/>
		Form DTF-624 Low-income housing credit .....	•	<input type="text"/>
		Form DTF-630 Green building credit .....	•	<input type="text"/>
		Other credits .....	•	<input type="text"/>

105 Total tax credits claimed above; do <b>not</b> include EZ and ZEA tax credits claimed on line 104 (enter here and on line 12) .....	•	105.	<input type="text"/>
106 Total tax credits claimed above that are refund eligible (see instructions) .....	•	106.	<input type="text"/>

Taxpayer's name	Employer identification number
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Have you been audited by the Internal Revenue Service in the past 5 years?      •  Yes      •  No

If Yes, list years: \_\_\_\_\_

Enter primary corporation name and EIN <i>(if a member of an affiliated federal group):</i>	Name	EIN
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Enter parent corporation name and EIN <i>(if more than 50% owned by another corporation):</i>	Name	EIN
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**Certification.** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person	Official title	Date
<b>Paid preparer use only</b>	Firm's name <i>(or yours if self-employed)</i>	ID number
	Address	Signature of individual preparing this return

Attach a copy of your complete federal return, a copy of your *Annual Report of Premiums and Exhibit of Premiums and Losses (New York)* as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement: Assets; Liabilities, Surplus and Other Funds*; the *Summary by Country* portion of Schedule D; and the *Exhibit of Premiums Written, Schedule T*.

Mail your return and attachments to: **NYS CORPORATION TAX  
PROCESSING UNIT, PO BOX 22038  
ALBANY NY 12201-2038 \***

Also mail a copy to: **THE NEW YORK STATE INSURANCE DEPARTMENT  
AGENCY BUILDING 1, EMPIRE STATE PLAZA  
ALBANY NY 12257**

**\* Private delivery services**

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* on the last page of the instructions for information on ordering forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, address your return to: State Processing Center, 431C Broadway, Albany NY 12204-4836.