



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law - Article 33

Staple forms here

All filers must enter tax period:

Amended return

beginning

ending

Employer identification number	File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
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	Foreign corporations: date began business in NYS
NAICS business code number (from federal return)	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at www.nystax.gov and look for the change my address option. Otherwise, see <i>Business information</i> in the instructions.	Audit (for Tax Department use only)
Principal business activity			

Federal return was filed on (mark an X in one): 1120-L 1120-PC Consolidated Other:

A. Pay amount shown on line 19. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed	
	A.	

Computation of tax and installment payments of estimated tax

Tax on New York State gross direct premiums

1	First \$20,000,000 of gross direct premiums	•	<input type="text"/>	× .004 =	•	1.	<input type="text"/>	<input type="text"/>
2	\$20,000,001-\$40,000,000 of gross direct premiums	•	<input type="text"/>	× .003 =	•	2.	<input type="text"/>	<input type="text"/>
3	\$40,000,001-\$60,000,000 of gross direct premiums	•	<input type="text"/>	× .002 =	•	3.	<input type="text"/>	<input type="text"/>
4	Excess of \$60,000,000 of gross direct premiums	•	<input type="text"/>	× .00075 =	•	4.	<input type="text"/>	<input type="text"/>

Tax on New York State reinsurance premiums

5	First \$20,000,000 of reinsurance premiums	•	<input type="text"/>	× .00225 =	•	5.	<input type="text"/>	<input type="text"/>
6	\$20,000,001-\$40,000,000 of reinsurance premiums	•	<input type="text"/>	× .0015 =	•	6.	<input type="text"/>	<input type="text"/>
7	\$40,000,001-\$60,000,000 of reinsurance premiums	•	<input type="text"/>	× .0005 =	•	7.	<input type="text"/>	<input type="text"/>
8	Excess of \$60,000,000 of reinsurance premiums	•	<input type="text"/>	× .00025 =	•	8.	<input type="text"/>	<input type="text"/>

Computation of tax and estimated tax due

9	Tax due based upon premiums (add lines 1 through 8)	•	<input type="text"/>	9.	<input type="text"/>	<input type="text"/>
10	Minimum tax			10.	5,000	00
11	Tax due (enter the greater of line 9 or 10)	■	<input type="text"/>	11.	<input type="text"/>	<input type="text"/>

First installment of estimated tax for next period:

12a	If you filed a request for extension, enter amount from Form CT-5, line 2	•	<input type="text"/>	12a.	<input type="text"/>	<input type="text"/>
12b	If you did not file Form CT-5, see instructions	•	<input type="text"/>	12b.	<input type="text"/>	<input type="text"/>
13	Total (add line 11 and line 12a or 12b)	■	<input type="text"/>	13.	<input type="text"/>	<input type="text"/>
14	Total prepayments from line 27	•	<input type="text"/>	14.	<input type="text"/>	<input type="text"/>
15	Balance (if line 14 is less than line 13, subtract line 14 from line 13)	•	<input type="text"/>	15.	<input type="text"/>	<input type="text"/>
16	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/>	•	<input type="text"/>	16.	<input type="text"/>	<input type="text"/>
17	Interest on late payment (see instructions)	•	<input type="text"/>	17.	<input type="text"/>	<input type="text"/>
18	Late filing and late payment penalties (see instructions)	•	<input type="text"/>	18.	<input type="text"/>	<input type="text"/>
19	Balance due (add lines 15 through 18 and enter here; enter the payment amount on line A above)	■	<input type="text"/>	19.	<input type="text"/>	<input type="text"/>
20	Overpayment (if line 13 is less than line 14, subtract line 13 from line 14)	•	<input type="text"/>	20.	<input type="text"/>	<input type="text"/>
21	Amount of overpayment to be credited to next period	■	<input type="text"/>	21.	<input type="text"/>	<input type="text"/>
22	Refund of overpayment (subtract line 21 from line 20)	■	<input type="text"/>	22.	<input type="text"/>	<input type="text"/>

Continued on page 2

Composition of prepayments on line 14 (see instructions)

	Date paid	Amount
23 Mandatory first installment	23.	
24a Second installment from Form CT-400	24a.	
24b Third installment from Form CT-400	24b.	
24c Fourth installment from Form CT-400	24c.	
25 Payment with extension request (from Form CT-5, line 5)	25.	
26 Overpayment credited from prior years	26.	
27 Total prepayments (add lines 23 through 26; enter here and on line 14)	27.	

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

Third – party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Date

Paid preparer use only	Firm's name (or yours if self-employed)		ID number
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return		Date

Attach a copy of your complete federal return and a copy of your *New York Captive Insurance Company Annual Statement* as filed with the New York State Insurance Department.
 See instructions for where to file.