



# CT-33-C

Department of Taxation and Finance

# Captive Insurance Company Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

Amended return

beginning

ending

Employer identification number (EIN)	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 Number and street or PO box	State or country of incorporation	Date received (for Tax Department use only)	
City	Date of incorporation		
State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (from NYS Pub 910)	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. See Business information in Form CT-1.	Audit (for Tax Department use only)
NYS principal business activity			

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

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

### Computation of tax (see instructions)

#### Tax on New York State gross direct premiums (see instr.)

1	First \$20,000,000 of gross direct premiums.....	•		×	.004	•	1	
2	\$20,000,001-\$40,000,000 of gross direct premiums .....	•		×	.003	•	2	
3	\$40,000,001-\$60,000,000 of gross direct premiums .....	•		×	.002	•	3	
4	Excess of \$60,000,000 of gross direct premiums .....	•		×	.00075	•	4	

#### Tax on New York State reinsurance premiums (see instr.)

5	First \$20,000,000 of reinsurance premiums .....	•		×	.00225	•	5	
6	\$20,000,001-\$40,000,000 of reinsurance premiums .....	•		×	.0015	•	6	
7	\$40,000,001-\$60,000,000 of reinsurance premiums .....	•		×	.0005	•	7	
8	Excess of \$60,000,000 of reinsurance premiums.....	•		×	.00025	•	8	

#### Computation of tax

9	Tax due based upon premiums (add lines 1 through 8) .....	•	9	
10	Minimum tax.....	•	10	5,000 00
11	Tax due (enter the greater of line 9 or 10) .....	•	11	

12a **Mandatory first installment (MFI) removed; see instructions**

12b

13

14	Total prepayments from line 27 .....	•	14	
15	Balance (if line 14 is less than line 11, subtract line 14 from line 11) .....	•	15	
16	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/> .....	•	16	
17	Interest on late payment (see instructions) .....	•	17	
18	Late filing and late payment penalties (see instructions) .....	•	18	
19	<b>Balance due</b> (add lines 15 through 18 and enter here; enter the payment amount on line A above) .....	•	19	
20	<b>Overpayment</b> (if line 11 is less than line 14, subtract line 11 from line 14) .....	•	20	
21	Amount of overpayment to be credited to next period .....	•	21	
22	Refund of overpayment (subtract line 21 from line 20) .....	•	22	

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**Composition of prepayments on line 14** (see instructions)

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

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

<b>Third – party designee</b> (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.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number ( )	Date
<b>Paid preparer use only</b> (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 or	Excl. code 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 Department of Financial Services.

See instructions for where to file.

