



CT-33-NL

Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

Amended return Final 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 State ZIP code			Date of incorporation	
NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box <input type="checkbox"/>		Foreign corporations: date began business in NYS	
NYS Principal business activity		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		Audit (for Tax Department use only)

Metropolitan transportation business tax (MTA surcharge) – During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District?

Mark an X in the appropriate box. If Yes, you must file Form CT-33-M (see instructions) Yes No

A. Pay amount shown on line 15. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
	A

B. Federal return filed: (mark an X in one box)

Form 1120-L • Form 1120-PC • Consolidated basis • Other: _____ •

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 (if a member of an affiliated federal group):

Name	EIN
------	-----

Enter parent corporation name and EIN (if more than 50% owned by another corporation):

Name	EIN
------	-----

C. Did you include a disregarded entity in this return? (mark an X in the appropriate box) Yes No

If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

Legal name of disregarded entity	EIN
----------------------------------	-----

Attach a copy of your *Annual Report of Premiums and Exhibit of Premiums and Losses* (New York) as filed with the New York State Department of Financial Services, and copies of the following schedules from your *Annual Statement*: *Exhibit of Premiums Written*, Schedule T, Schedule F, *Reinsurance*, Parts 1 and 3; and *Underwriting and Investment Exhibit*, Part 1B - *Premiums Written*.

514001160094



Computation of tax

1	Accident and health insurance premiums from line 34 (see instr.) ●	× .0175	●	1		
2	Other non-life insurance company premiums from line 35 (see instr.) ●	× .02	●	2		
3	Total tax on premiums (add lines 1 and 2)		●	3		
4	Minimum tax.....			4		250 00
5	Tax due before credits (line 3 or line 4 amount, whichever is greater)		●	5		
6	Tax credits (enter amount from line 47)		●	6		
7	Tax due (subtract line 6 from line 5)		■	7		
8a	Mandatory first installment (MFI) removed; see instructions					
8b						
9						
10	Total prepayments from line 46		●	10		
11	Balance (if line 10 is less than line 7, subtract line 10 from line 7)			11		
12	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) ● <input type="checkbox"/>		●	12		
13	Interest on late payment (see instructions)		●	13		
14	Late filing and late payment penalties (see instructions)		●	14		
15	Balance due (add lines 11 through 14 and enter here; enter the payment amount on line A on page 1)		■	15		
16	Overpayment (if line 7 is less than line 10, subtract line 7 from line 10)			16		
17	Amount of overpayment to be credited to next period		■	17		
18	Balance of overpayment (subtract line 17 from line 16)		●	18		
19	Amount of overpayment to be credited to Form CT-33-M.....		●	19		
20	Refund of overpayment (subtract line 19 from line 18)		■	20		
21a	Refund of tax credits (see instructions)			21a		
21b	Tax credits to be credited as an overpayment to next year's return (see instructions)		■	21b		
22	Issuer's allocation percentage (from line 38)		●	22		%
23	Reinsurance allocation percentage (from line 33)		●	23		%

Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation % (see instr.)	D Reinsurance premiums allocated to New York State (column B × column C)
Totals from attached sheet.....			
24 Total (add column D amounts; enter here and include on line 28)		●	24

514002160094



Schedule B – Computation of reinsurance allocation percentage (see instructions)

25	New York taxable premiums (see instructions)	•	25				
26	New York ocean marine premiums (see instructions)	•	26				
27	New York premiums for annuity contracts and insurance for the elderly (see instr.)	•	27				
28	New York premiums on reinsurance assumed (see instructions)	•	28				
29	Total New York gross premiums (add lines 25 through 28)	•	29				
30	New York premiums ceded that are included on line 29 (see instructions)	•	30				
31	Total New York premiums (subtract line 30 from line 29)	•	31				
32	Total premiums (see instructions)	•	32				
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)	•	33				%

Schedule C – Computation of taxable premiums (see instructions)

34	Accident and health insurance premiums (enter here and in the first box on line 1)	34		
35	Other non-life insurance premiums (enter here and in the first box on line 2)	35		

Schedule D – Computation of issuer’s allocation percentage (see instructions)

36	New York gross direct premiums	•	36		
37	Total gross direct premiums	•	37		
38	Issuer’s allocation percentage (divide line 36 by line 37; enter here and on line 22)	•	38		%

Composition of prepayments (see instructions)

		Date paid	Amount
39	Mandatory first installment	39	
40	Second installment from Form CT-400	40	
41	Third installment from Form CT-400	41	
42	Fourth installment from Form CT-400	42	
43	Payment with extension request from Form CT-5, line 5	43	
44	Overpayment credited from prior years (see instructions)	44	
45	Overpayment credited from Form CT-33-M <input type="text" value="Period"/>	45	
46	Total prepayments (add lines 39 through 45; enter here and on line 10)	46	



Summary of tax credits claimed against current year's franchise tax (see instructions; attach applicable credit forms)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) Yes No

Fire insurance premiums tax credit (enter amount claimed)	•		Form CT-631	•	
Form CT-33-R	•		Form CT-633	•	
Form CT-33.1	•		Form CT-634	•	
Form CT-41	•		Form CT-639	•	
Form CT-43	•		Form CT-643	•	
Form CT-44	•		Form DTF-624	•	
Form CT-238	•		Form DTF-630	•	
Form CT-249	•		Other credits	•	
Form CT-250	•				
Form CT-259	•				
Form CT-501	•				
Form CT-601	•				
Form CT-602	•				
Form CT-604	•				
Form CT-606	•				
Form CT-607	•				
Form CT-611	•				
Form CT-611.1	•				
Form CT-611.2	•				
Form CT-612	•				
Form CT-613	•				

47 Total tax credits claimed above (enter here and on line 6; see instructions) **47**

48 Total tax credits claimed above that are refund eligible (see instructions) **48**

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • - -

Federal return filed: Form 1139 • Amended Form 1120-L • Amended Form 1120-PC •

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	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number ()		Date
Paid preparer use only (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

See instructions for where to file.

