



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 address | State or country of incorporation | | |
| Care of (c/o) | | | |
| Number and street or PO box | Date of incorporation | Foreign corporations: date began business in NYS | |
| City | U.S. state/Canadian province | ZIP/Postal code | Country (if not United States) |
| NAICS business code number (from NYS Pub 910) | | | For office use only |
| 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. | | | |
| NYS 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 (see instructions)

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

| | | | | | | | |
|---|--|---|----------------------|-----------|---|----------|----------------------|
| 1 | First \$20,000,000 of gross direct premiums | • | <input type="text"/> | × 0.004 | • | 1 | <input type="text"/> |
| 2 | \$20,000,001-\$40,000,000 of gross direct premiums | • | <input type="text"/> | × 0.003 | • | 2 | <input type="text"/> |
| 3 | \$40,000,001-\$60,000,000 of gross direct premiums | • | <input type="text"/> | × 0.002 | • | 3 | <input type="text"/> |
| 4 | Excess of \$60,000,000 of gross direct premiums | • | <input type="text"/> | × 0.00075 | • | 4 | <input type="text"/> |

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

| | | | | | | | |
|---|---|---|----------------------|-----------|---|----------|----------------------|
| 5 | First \$20,000,000 of reinsurance premiums | • | <input type="text"/> | × 0.00225 | • | 5 | <input type="text"/> |
| 6 | \$20,000,001-\$40,000,000 of reinsurance premiums | • | <input type="text"/> | × 0.0015 | • | 6 | <input type="text"/> |
| 7 | \$40,000,001-\$60,000,000 of reinsurance premiums | • | <input type="text"/> | × 0.0005 | • | 7 | <input type="text"/> |
| 8 | Excess of \$60,000,000 of reinsurance premiums | • | <input type="text"/> | × 0.00025 | • | 8 | <input type="text"/> |

Computation of tax

| | | | | | |
|----|---|---|----------------------|-----------|----------------------|
| 9 | Tax due based upon premiums (add lines 1 through 8) | • | <input type="text"/> | 9 | <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"/> |

12a

12b

13

| | | | | | |
|-----|--|---|----------------------|------------|----------------------|
| 14 | Total prepayments from line 27 | • | <input type="text"/> | 14 | <input type="text"/> |
| 15a | Balance (see instructions) | • | <input type="text"/> | 15a | <input type="text"/> |
| 15b | Additional amount (see instructions) | • | <input type="text"/> | 15b | <input type="text"/> |
| 15c | Total before penalties and interest (see instructions) | • | <input type="text"/> | 15c | <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"/> |
| 17 | Interest on late payment (see instructions) | • | <input type="text"/> | 17 | <input type="text"/> |
| 18 | Late filing and late payment penalties (see instructions) | • | <input type="text"/> | 18 | <input type="text"/> |
| 19 | Balance due (add lines 15c through 18 and enter here; enter the payment amount on line A above) | • | <input type="text"/> | 19 | <input type="text"/> |
| 20a | Overpayment (if line 11 is less than line 14, subtract line 11 from line 14) | • | <input type="text"/> | 20a | <input type="text"/> |
| 20b | Amount of overpayment previously credited to 2021 MFI (see instructions) | • | <input type="text"/> | 20b | <input type="text"/> |
| 20c | Balance of overpayment available (see instructions) | • | <input type="text"/> | 20c | <input type="text"/> |
| 21 | Amount of overpayment to be credited to next period | • | <input type="text"/> | 21 | <input type="text"/> |
| 22 | Refund of overpayment (subtract line 21 from line 20c) | • | <input type="text"/> | 22 | <input type="text"/> |

431001200094



Composition of prepayments on line 14 (see instructions)

| | | Date paid | Amount |
|--|------------|-----------|--------|
| 23 Mandatory first installment from Form CT-300 (see instructions) | 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 (see instructions) | | 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 email 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 |
| | Email 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 |
| | Email 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.

