



CT-33-A Combined Franchise Tax Return for Insurance Corporations Tax Law - Article 33

beginning ending

Employer identification number File number Name PLACE LABEL HERE Number and street City or town State ZIP code

You must report changes to your name, EIN, address or owner/officer information on Form DTF-95. Also, if address on return is new, check box.

For office use only Date received

Complete Form CT-33, Schedules B through K, for each member of the combined group and file them with this return.

Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? Yes No

Audit use

A. Payment - pay amount shown on line 22 - Make check payable to: New York State Corporation Tax

Payment enclosed

Schedule L - Computation of Tax and Installment Payments of Estimated Tax

Table with 24 rows for tax computation, including lines 1-24 and sub-lines 9a-9b, 15a-15c, 16a-16b, 21a-21b, 23a-23d, 23e-23f. Includes descriptions of income, capital, taxes, and credits.

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

Date Signature of elected officer or authorized person Official title Date Signature of individual or name of firm preparing this return Preparer's address

Parent

Schedule M - Computation of Combined Allocation Percentage

25 New York premiums (from Form CT-33, Schedule C, line 24g)	25
26 Total premiums (from Form CT-33, Schedule C, line 25)	26
27 New York premiums percentage (divide line 25 by line 26)	27
28 Weighted New York premiums percentage (multiply line 27 by nine)	28
29 New York wages (from Form CT-33, Schedule C, line 28)	29
30 Total wages (from Form CT-33, Schedule C, line 29)	30
31 New York payroll percentage (divide line 29 by line 30)	31
32 Total New York percentages (add lines 28 and 31)	32
33 Combined allocation percentage (divide line 32 by ten)	33

Schedule N - Computation of Combined Subsidiary Allocation Percentage

34 New York subsidiary capital (from Form CT-33, Schedule D, line 34)	34
35 Total subsidiary capital (from Form CT-33, Schedule D, line 33)	35
36 Combined subsidiary allocation percentage (divide line 34 by line 35)	36

Schedule O - Computation of Combined Allocated New York Income

37 Entire net income (from Form CT-33, Schedule G, line 70)	37
38 Combined allocated entire net income (multiply line 37 by line 33 - enter here and on line 1)	38

Schedule P - Computation of Combined Allocated New York Capital

39 Business and investment capital (from Form CT-33, Schedule E, line 44)	39
40 Combined allocated capital (multiply line 39 by line 33 - enter here and on line 2)	40

Schedule Q - Computation of Combined Allocated Subsidiary Capital

41 Subsidiary capital (from Form CT-33, Schedule E, line 41)	41
42 Combined allocated subsidiary capital (multiply line 41 by line 36 - enter here and on line 5)	42

Schedule R - Analysis of Schedule I, Form CT-33

43 Life insurance company premiums (from Form CT-33, Schedule I, line 76 - enter combined total here and on line 7)	43
Nonlife insurance company premiums:	
44a Accident and health (from Form CT-33, Schedule I, line 77 - enter combined total here and on line 8a)	44a
44b Other (from Form CT-33, Schedule I, line 78 - enter combined total here and on line 8b)	44b

Schedule S - Limitation on Tax

45 Premiums from Schedule I (from Form CT-33, line 82 - enter here and on line 12)	45
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Schedule T - Computation of Issuer's Allocation Percentage

46 New York gross direct premiums (from Form CT-33, line 94)	46
47 Total gross direct premiums (from Form CT-33, line 95)	47
48 Issuers allocation percentage (divide line 46 by line 47 - enter on line 24)	48

List complete names and employer identification numbers for all members of this combined group (attach additional pages, if necessary).

Names	Employer Identification Number
Parent	
Subsidiary # 1	
Subsidiary # 2	
Subsidiary # 3	
Subsidiary # 4	
Subsidiary # 5	
Subsidiary # 6	

You must, within 30 days after the end of the tax year, request permission to file on a combined basis, to include corporations not previously included, or to exclude corporations previously included.

Subsidiary #1	Subsidiary # 2	Subsidiary # 3	Subsidiary # 4	A Total	B Intercorporate Eliminations	C Combined Totals (col A minus col B)	
Schedule M							
						25	•
						26	•
						27	• %
						28	• %
						29	•
						30	•
						31	• %
						32	• %
						33	• %
Schedule N							
					•	34	•
					•	35	•
						36	• %
Schedule O							
					•	37	•
						38	•
Schedule P							
					•	39	•
						40	•
Schedule Q							
					•	41	•
						42	•
Schedule R							
						43	
						44a	
						44b	
Schedule S							
						45	•
Schedule T							
						46	
						47	
						48	• %

Mail to:

NYS Corporation Tax
 Processing Unit
 P.O. Box 1909
 Albany, NY 12201-1909

Instructions

Each corporation included in a combined return must file a separate return on Form CT-33 and compute the premiums as computed under section 1510. Each corporation included in a combined return (other than a foreign corporation not doing business in New York State and the corporation paying the combined tax) must pay a minimum tax of **\$250** in addition to the premium tax.

A combined return may be required or permitted if:

- The taxpayer owns or controls, either directly or indirectly, 80% or more of the voting capital stock of all the other corporations which are to be included in the combined return;
- 80% or more of the voting capital stock of the taxpayer is owned or controlled, either directly or indirectly, by other corporations which are to be included in the combined return; or
- 80% or more of the voting capital stock of the taxpayer and 80% or more of the voting capital stock of the other corporations which are to be included in the combined return are owned or controlled, either directly or indirectly, by the same interests.

To file a combined return, taxpayers must also meet a distortion requirement. The activities, business, income or capital of a taxpayer is presumed to be distorted when filing a return on a separate basis if 50% or more of the transactions are intercorporate transactions among the corporations.

A combined return will not be required or permitted:

- to include corporations not subject to tax under Article 33 of the Tax Law;
- to include any nontaxpayer, unless the Commissioner of Taxation and Finance deems inclusion necessary to properly reflect the tax liability under this article. (See section 1515(g) of the Tax Law.)

Intercompany Elimination of Income and Capital

- Eliminate intercompany dividends included in the combined return on line 37 of Schedule O.
- Eliminate all investments and intercompany advances of corporations in the combined group in other corporations in the combined group on line 41 of Schedule Q and on lines 34 and 35 of Schedule N.
- Eliminate intercompany stock holdings, intercompany bills, intercompany notes receivable and payable and other intercompany indebtedness on line 39 of Schedule P.

Intercompany Elimination for Allocation

- Premiums ceded to other companies generally are not allocated in Schedule C of Form CT-33. However, if a company cedes insurance to another company in the combined group, the premiums must be included by the company writing the insurance. If the reinsurer allocates the same premium in Schedule C of Form CT-33, an intercompany elimination is required to exclude the duplicate allocation by the reinsurer.
- Any amount allocated as wages by a corporation in the combined group which is a duplication of another item which was allocated as wages by another corporation in the combined group must be eliminated.

Metropolitan Transportation Business Tax Surcharge

Any corporation taxable under Article 33 that does business, employs capital, owns or leases property or maintains an office in the Metropolitan Commuter Transportation District (MCTD) must file Form CT-33-M and pay a MTB tax surcharge on Form CT-33-M. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.

Schedule L — Computation of Tax and Installment Payments of Estimated Tax

Line 3 — The combined alternative base is computed by adding together the combined entire net income (line 38, Schedule O) and the sum of the officers' and stockholders' compensation (Form CT-33, Schedule H, line 72) of all the corporations included in the combined report. A \$15,000 deduction will be allowed against the combined total of entire net income plus officers' salaries and stockholders' compensation. For further details see instructions for the computation of the alternative tax on Form CT-33-I.

Lines 7 and 8 — Enter the total combined premiums and compute the tax on lines 7, 8a and 8b. This amount will be determined by taking the premiums computed separately on Schedule I of each participant's individual CT-33 and transferring them to lines 43, 44a and 44b of Form CT-33-A and then computing the combined total of premiums. The total combined premiums should be listed on lines 7, 8a and 8b of Form CT-33-A and the computation of the additional tax on premiums should be made on these lines.

Line 14 — If the lowest tax on line 13 was computed pursuant to the Limitation on Tax from line 12, the EDZ tax credits computed on Forms DTF-601 and DTF-602 may not be deducted on this line, but may be carried forward to the following year.

Line 15a — If the retaliatory tax credit claimed on line 14 is more than the tax payable on line 13, you may elect to have the excess credited to the next tax period or refunded without interest on line 23f.

Line 15b — Chapter 190 of the Laws of 1990 amended section 1520 to impose a tax surcharge at the rate of 15% of the tax due after the deduction of any tax credits.

Line A — After completing your return enter the amount of your payment. Your payment should be the full amount shown on line 22.

Schedule S — Limitation of Tax (section 1505)

Section 1505(a) sets a limit on the taxes imposed by sections 1501 and 1510. These taxes, computed without the deduction of any credits, shall not exceed an amount computed as if such taxes were determined solely under section 1510 (additional franchise tax based on premiums), except the rate shall be 2.6%.

An insurance corporation that receives more than 95% of its premiums from annuity contracts, group insurance for the elderly (Insurance Law, section 4236) or marine insurance must treat those premiums as taxable premiums when computing the limitation of tax.

Combined filers claiming a limitation of tax under section 1505 must use the following procedures to compute and pay this tax:

- The parent and each subsidiary **must** complete Form CT-33, Schedule I, column B. The total of Schedule I, line 82, column B must be entered on Form CT-33-A, Schedule S, line 45.
- Each participant doing business in New York State **must** compute the section 1510 premium tax on its individual return (CT-33, Schedule A lines 6, 7a and 7b) and pay the premium tax and a tax of \$250 for each subsidiary. These amounts should be shown on lines 7, 8a, 8b and 10 of Form CT-33-A.

Line 45 — Enter on line 45 of Form CT-33-A the individual premiums of the parent and the subsidiaries from Schedule I, line 82, column B, of each participant's individual return (CT-33). Enter combined total in column C and in the box on line 12 of Schedule L.

Schedule T — Computation of Combined Issuer's Allocation Percentage

Complete this schedule by entering for each subsidiary, the individual New York business on line 46 and the total business on line 47, as reported in the annual statement filed with the Superintendent of Insurance. Failure to supply the information required will result in the imposition of a \$500 penalty under section 1085(o).

Change of Business Information — If there have been any changes in your business name, ID number, mailing address, business address, telephone number or owner/officer information, complete the enclosed Form DTF-95, *Change of Business Information*. If no form is enclosed call toll free (from New York State only) 1 800 462-8100. From out of state call (518) 438-1073 to request one. If your address has changed, check the box next to the name and address on Form CT-33-A.