New York State Department of Taxation and Finance

1991 **CT-33-A**

Combined Franchise Tax Return for Insurance Corporations

Tax Law - Article 33

For calendar year 1991 or tax period:

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 A through J, 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 If you answer *Yes*, you must file Form CT-33-M.

Audit use

A. Payment — pay amount shown on line 26 — Make check payable to: ***New York State Corporation Tax***

Payment enclosed

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

1	Combined allocated entire net income *(from line 47)*	multiply by .09	1		
2	Combined allocated capital *(from line 49)*	multiply by .0016	2		
3	Combined alternative base	multiply by .09	3		
4	Minimum tax for parent corporation only		4	250	00
5	Combined allocated subsidiary capital *(from line 51)*	multiply by .0008	5		
6	Combined franchise tax *(line 1, 2, 3 or 4, whichever is largest, plus line 5)*		6		
7	Combined life insurance company premiums *(from line 52, column C)*	multiply by .008	7		
	Combined nonlife insurance company premiums:				
8	Accident and health *(from line 53, column C)*	multiply by .01	8		
9	Other *(from line 54, column C)*	multiply by .012	9		
10	Total additional franchise tax *(add lines 7, 8 and 9)*		10		
11	Combined minimum tax for subsidiaries - number of subsidiaries	multiply by $250	11		
12	Total *(add lines 6, 10 and 11)*		12		
13	Limitation on tax (section 1505) *(from line 55, column C)*	multiply by .026	13		
14	Tax *(line 12 or 13, whichever is less)*		14		
15	Tax credits — ☐ Taxes on certain fire insurance premiums (enter amount) ☐ Retaliatory Tax ☐ CT-43 ☐ CT-45 ☐ DTF-601 ☐ DTF-602 *(attach forms - see instructions for Form CT-33, line 12, if more than one credit is claimed)*		15		
16	Tax due *(subtract line 15 from line 14 - if less than zero, enclose figures in brackets)*		16		
17a	Tax surcharge at 15% (.15) for ____ months *(see instructions)*		17a		
17b	Tax surcharge at 10% (.10) for ____ months *(see instructions)*		17b		
18	Total tax and tax surcharge *(add line 16 and line 17a or 17b)*		18		
	First installment of estimated tax for next period *(if negative amount, enter "0")*:				
19a	If application for extension was filed, enter amount from Form CT-5.3, line 5		19a		
19b	If Form CT-5.3 was not filed and line 18 is over $1,000, enter 25% (.25) of line 18		19b		
20	Total *(add line 18 and line 19a or 19b)*		20		
21	Prepayments ____ plus credits from prior years ____ total		21		
22	Balance *(if line 21 is less than line 20, subtract line 21 from line 20)*		22		
23	Interest on late payment *(see instructions)*		23		
24	Late filing and late payment penalties *(see instructions)*		24		
25	Underpayment of estimated tax penalty - Check box if Form CT-222 attached ☐; if none, enter "0"		25		
26	**Balance Due** *(add lines 22, 23, 24 and 25 - enter payment on line A above)*		26		
27	**Overpayment** *(if line 20 is less than line 21, subtract line 20 from line 21)*		27		
28	Amount of overpayment to be credited to next period		28		
29	Balance of overpayment *(subtract line 28 from line 27)*		29		
30	Amount of overpayment to be credited to Form CT-33-M		30		
31	Refund *(subtract line 30 from line 29)*		31		
32	Refund of excess retaliatory tax credit		32		
33	Combined group issuer's allocation percentage *(from line 58)*		33		%

		Parent
Schedule L - Computation of Combined Allocation Percentage		
34 New York premiums *(from Form CT-33, Schedule B, line 39)*	34	
35 Total premiums *(from Form CT-33, Schedule B, line 40)*	35	
36 New York premiums percentage *(divide line 34 by line 35)*	36	
37 Weighted New York premiums percentage *(multiply line 36 by nine)*	37	
38 New York wages *(from Form CT-33, Schedule B, line 43)*	38	
39 Total wages *(from Form CT-33, Schedule B, line 44)*	39	
40 New York payroll percentage *(divide line 38 by line 39)*	40	
41 Total New York percentages *(add lines 37 and 40)*	41	
42 Combined allocation percentage *(divide line 41 by ten)*	42	
Schedule M - Computation of Combined Subsidiary Allocation Percentage		
43 New York subsidiary capital *(from Form CT-33, Schedule C, line 49)*	43	
44 Total subsidiary capital *(from Form CT-33, Schedule C, line 48)*	44	
45 Combined subsidiary allocation percentage *(divide line 43 by line 44)*	45	
Schedule N - Computation of Combined Allocated New York Income		
46 Entire net income *(from Form CT-33, Schedule F, line 89)*	46	
47 Combined allocated entire net income *(multiply line 46 by line 42 - enter here and on line 1)*	47	
Schedule O - Computation of Combined Allocated New York Capital		
48 Business and investment capital *(from Form CT-33, Schedule D, line 59)*	48	
49 Combined allocated capital *(multiply line 48 by line 42 - enter here and on line 2)*	49	
Schedule P - Computation of Combined Allocated Subsidiary Capital		
50 Subsidiary capital *(from Form CT-33, Schedule D, line 56)*	50	
51 Combined allocated subsidiary capital *(multiply line 50 by line 45 - enter here and on line 5)*	51	
Schedule Q - Analysis of Schedule H, Form CT-33		
52 Life insurance company premiums *(from Form CT-33, Schedule H, line 95 - enter combined total here and on line 7)*	52	
Nonlife insurance company premiums:		
53 Accident and health *(from Form CT-33, Schedule H, line 96 - enter combined total here and on line 8)*	53	
54 Other *(from Form CT-33, Schedule H, line 97 - enter combined total here and on line 9)*	54	
Schedule R - Limitation on Tax		
55 Premiums from Schedule H *(from Form CT-33, line 101 - enter here and on line 13)*	55	
Schedule S - Computation of Issuer's Allocation Percentage		
56 New York gross direct premiums *(from Form CT-33, line 113)*	56	
57 Total gross direct premiums *(from Form CT-33, line 114)*	57	
58 Issuer's allocation percentage *(divide line 56 by line 57 - enter on line 33)*	58	

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 L							
						34	•
						35	•
						36	• %
						37	%
						38	•
						39	•
						40	• %
						41	%
						42	• %
Schedule M							
					•	43	•
					•	44	•
						45	• %
Schedule N							
					•	46	•
						47	•
Schedule O							
					•	48	•
						49	•
Schedule P							
					•	50	•
						51	•
Schedule Q							
						52	
						53	
						54	
Schedule R							
						55	•
Schedule S							
						56	
						57	
						58	%

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

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 46 of Schedule N.

— Eliminate all investments and intercompany advances of corporations in the combined group in other corporations in the combined group on line 50 of Schedule P and on lines 43 and 44 of Schedule M.

— Eliminate intercompany stock holdings, intercompany bills, intercompany notes receivable and payable and other intercompany indebtedness on line 48 of Schedule O.

Intercompany Elimination for Allocation — Premiums ceded to other companies generally are not allocated in Schedule B 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 B 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.

Line A — After completing your return enter the amount of your payment. Your payment should be the full amount shown on line 26.

Schedule K — 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 47, Schedule N) and the sum of the officers' and stockholders' compensation (Form CT-33, Schedule G, line 91) 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. Multiply this result by 30%, then multiply the remainder by the combined allocation percentage from line 42. This result will be multiplied by 9% to determine the tax on line 3.

Lines 7, 8 and 9 — Enter the total combined premiums and compute the tax on lines 7, 8 and 9. This amount will be determined by taking the premiums computed separately on Schedule H of each participant's individual CT-33 and transferring them to lines 52, 53 and 54 of Form CT-33-A and then computing the combined total of premiums. The total combined premiums should be listed on lines 7, 8 and 9 of Form CT-33-A and the computation of the additional tax on premiums should be made on these lines.

Line 15 — If the lowest tax on line 14 was computed pursuant to the limitation on tax from line 13, 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 16 — If the retaliatory tax credit claimed on line 15 is more than the tax payable on line 14, you may elect to have the excess credited to the next tax period or refunded without interest on line 32.

Line 17a — If your reporting period has not changed on any return for a period ending after June 30, 1990, and your current return covers a period ending on or before June 30, 1992, multiply the franchise tax on line 16 by 15% (.15) and enter this amount on line 17a. Leave the month box on line 17a blank.

If your reporting period has changed, resulting in a period of less than 12 months on any return for a period ending after June 30, 1990 (including this return), use the worksheet below to determine your line 17a entries.

Worksheet

A	Total number of months for which you must pay the 15% surcharge	24
B	Number of months for which you have paid the surcharge (from all previous returns filed for periods ending after June 30, 1990)	_____
C	Number of months still subject to surcharge (subtract B from A)	_____
D	Number of months covered in current return Enter C or D, whichever is less, in the month box on line 17a. If D is less than (or the same as) C, stop here and multiply the tax on line 16 by 15% (.15). Enter this amount on line 17a. If D is more than C continue this worksheet.	_____
E	Divide C by D to get a percentage	_____ %
F	Franchise tax from line 16 of your current return	$ _____
G	Multiply F by E	$ _____
H	Multiply G by 15% (.15). Enter this amount on line 17a	$ _____

Line 17b — If your fiscal period ends after June 30, 1992, enter the number of months covered in this return in the month box and multiply the franchise tax on line 16 by .10 (10%).

Example of a completed worksheet for a corporation with one full year and a short period of 5 months.

A	Total number of months for which you must pay the 15% surcharge	24
B	Number of months for which you have paid the surcharge (from all previous returns filed for periods ending after June 30, 1990)	17
C	Number of months still subject to surcharge (subtract B from A)	7
D	Number of months covered in current return Enter C or D, whichever is less, in the month box on line 17a. If D is less than (or the same as) C, stop here and multiply the tax on line 16 by 15% (.15). Enter this amount on line 17a. If D is more than C continue this worksheet.	12
E	Divide C by D to get a percentage (7 divided by 12)	58.33%
F	Franchise tax from line 16 of your current return	$1,000
G	Multiply F by E	$583.30
H	Multiply G by 15% (.15)	$87.50

Line 23 — If you do not pay the tax due on or before the due date (determined without regard to any extension of time) you must pay interest on the amount of underpayment from the due date to the date paid. You may call the Taxpayer Assistance Bureau for the current rate or have the interest computed for you. From inside New York State, call 1 800 CALL TAX (1 800 225-5829); from areas outside New York State call (518) 438-8581.

Line 24 — Additional charges for late filing are computed on the amount of tax required to be shown on the return after deduction of any payment made on or before the due date.

a. If you do not file a return when due or if the application for extension is invalid, add to the tax 5% per month up to 25% (section 1085(a)(1)(A)).

b. If you do not file a return within 60 days of the due date, the addition to tax cannot be less than the smaller of $100 or 100% of the amount required to be shown as taxs (section 1085(a)(1)(B)).

c. If you do not pay the tax shown on a return, add to the tax ½% per month up to 25% (section 1085(a)(2)).

d. The total of the additional charges in *a* and *c* may not exceed 5% for any one month except as provided for in *b* above (section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining reasonable cause for the delay in filing and/or payment (section 1085).

Line 25 — If you underpaid your estimated tax, use Form CT-222, *Underpayment of Estimated Tax by Corporations*, to compute the penalty. Attach Form CT-222. Enter "0" if no penalty is due.

Line 32 — If you have an excess of retaliatory tax credit from line 15, you may elect to have the excess credited to the next period or refunded without interest by entering the amount on this line.

Schedule R — 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 H, column B. The total of Schedule H, line 101, column B must be entered on Form CT-33-A, Schedule R, line 55.

— 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, 7 and 8) and pay the premium tax and a tax of $250 for each subsidiary. These amounts should be shown on lines 7, 8, 9 and 11 of Form CT-33-A.

Line 55 — The individual premiums of the parent and the subsidiaries from Schedule H, line 101, column B, of each participant's individual return (CT-33). Enter combined total in column C and in the box on line 13 of Schedule K.

Schedule S — Computation of Combined Issuer's Allocation Percentage

Complete this schedule by entering for each subsidiary, the individual New York business on line 56 and the total business on line 57, 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 Form DTF-95, *Change of Business Information*. If you don't have a form, call toll free (from New York State only) 1 800 462-8100. From areas outside New York State call (518) 438-1073. If your address has changed, check the box next to the name and address on Form CT-33-A.