



CT-33

New York State Department of Taxation and Finance

Insurance Corporation Franchise Tax Return

Tax Law — Article 33

1996 calendar yr. filers, check box
Other filers enter tax period:

beginning

ending

Employer identification number, File number, Mailing Name and Address, Trade name, Business telephone number, Business activity code number, Principal business activity, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS

Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? If you answered Yes, you must file Form CT-33-M. (see instructions) Yes No

Federal return was filed on: 1120-L 1120-PC Consolidated Other

A. Payment — pay amount shown on line 23. Make check payable to: New York State Corporation Tax
Attach your payment here. Payment enclosed

Table with 3 columns: Description, Column A, Column B. Rows include: 1 Allocated entire net income from line 92, 2 Allocated business and investment capital from line 60, 3 Alternative tax, 4 Minimum tax, 5 Allocated subsidiary capital from line 49, 6 Life insurance company premiums from line 97, column A, 7 Accident and health premiums, received by nonlife insurance companies, from line 98, column A, 8 Other nonlife insurance company premiums from line 99, column A, 9 Total, 10 Limitation on tax (section 1505): amount from line 103, 11 Tax - Amount from line 9 or 10, whichever is less, 12 Tax credits, 13 Tax due, 14 State tax surcharge, 15 Tax and state tax surcharge due, 16a 16b, 17 Total, 18 Total prepayments from line 123, 19 Balance, 20 Penalty for underpayment of estimated tax, 21 Interest on late payment, 22 Late filing and late payment penalties, 23 Balance due, 24 Overpayment, 25 Amount of overpayment to be credited to next period, 26 Balance of overpayment, 27 Amount of overpayment to be credited to CT-33-M, 28 Refund of overpayment, 29 Refund of excess retaliatory tax credit from line 114, 30 Issuer's allocation percentage from line 117, 31 Reinsurance allocation percentage from line 41





**Schedule F - Computation and Allocation of Entire Net Income** (continued)

<b>Subtractions</b>			
77	Interest, dividends and capital gains from subsidiary capital (attach list) .....	77	●
78	50% of dividends from nonsubsidiary corporations (attach list) .....	78	●
79	Gain on installment sales made prior to January 1, 1974 (attach list) .....	79	●
80	New York net operating loss or operations loss (attach statement showing computation) .....	80	●
81a	Amount included on your federal return as a result of a safe harbor lease .....	81a	●
81b	Amount which could have been deducted on your federal return except for a safe harbor lease .....	81b	●
82	Depreciation allowed by section 1503(b)(10) (attach Form CT-399) .....	82	●
<b>Property and casualty insurance adjustments:</b>			
83	Amount included in federal gross income on Form 1120-PC, pursuant to IRC sections 847(5) and 847(6) .....	83	●
84	Unearned premiums at the end of the tax year included in premiums earned as a result of the reduction in the deduction for unearned premiums (see instructions) .....	84	●
85	Amount of the difference between unpaid losses and discounted unpaid losses at the end of the tax year (attach separate sheet; see instructions) .....	85	●
86	Reduction in deduction for losses incurred (see instructions) .....	86	●
87	Other (attach explanation on separate sheet) .....	87	●
88	Total subtractions (add lines 77 through 87) .....	88	●
89	Entire net income (subtract line 88 from line 76) .....	89	●
90	Addition to entire net income (from Form CT-33-ATT, line 7) .....	90	●
91	Entire net income after adjustment (add lines 89 and 90) .....	91	●
92	Allocated entire net income (multiply line 91 by line 47; enter here and on line 1, Column A) .....	92	●

**Schedule G - Officers (appointed or elected) and Certain Stockholders** - Include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation.

A Name and Address <i>(Give actual residence. Attach separate sheet if necessary)</i>	B Social Security Number	C Official Title	D Salary and All Other Compensation Received From Corporation
Totals from attached sheet .....			93 ●

<b>Schedule H - Computation of Premiums</b>	A Premiums Taxable Under Section 1510	B Premiums Included In Tax Limitation Computation - Section 1505
<b>Life insurance companies</b>		
94 Life insurance premiums .....	94 ●	●
95 Accident and health insurance premiums .....	95 ●	●
96 Other insurance premiums (attach list) .....	96 ●	●
97 Total (add lines 94, 95 and 96, column A; enter here and on line 6, Column A) .....	97	
<b>Nonlife insurance companies</b>		
98 Accident and health insurance premiums (enter column A amount on line 7, Column A) .....	98	●
99 Other insurance premiums (enter column A amount on line 8, Column A) .....	99	●
<b>See instructions before making entries below.</b>		
<b>Insurance corporations who receive more than 95% of their premiums from:</b>		
100 Annuity contracts .....	100 ●	
101 Ocean marine insurance .....	101 ●	
102 Group insurance on the elderly (Insurance Law, section 4236) .....	102 ●	
103 Total (add lines 94 through 102, column B; enter amount here and on line 10, Column A) .....	103	

Taxpayer's Name	Employer Identification Number
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**Schedule I - Computation of Retaliatory Tax Credit for Corporations Organized or Domiciled in New York - For tax years prior to 1994, attach separate computation.**

		A 1994	B 1995	C 1996
<b>104</b> Tax less credits (except for retaliatory tax credit) .....	<b>104</b>			
<b>105</b> Retaliatory tax credit claimed in 1994 and 1995 .....	<b>105</b>			
<b>106</b> Balance (subtract line 105 from line 104) .....	<b>106</b>			
<b>107</b> 90% of retaliatory taxes paid in 1996 on 1994 premiums and income (total of line 105 plus line 107 may not exceed line 104, column A) .....	<b>107</b> ●			
<b>108</b> 90% of the retaliatory taxes paid in 1996 on 1995 premiums and income (total of line 105 plus line 108 may not exceed line 104, column B) .....	<b>108</b> ●			
<b>109</b> 90% of retaliatory taxes paid in 1996 on 1996 premiums and income (total may not exceed line 104, column C) .....	<b>109</b> ●			
<b>110</b> Total retaliatory tax credit claimed this year (add line 107, column A, line 108, column B and line 109, column C) ...	<b>110</b> ●			
<b>111</b> Retaliatory tax credit used on line 12 to reduce tax due on line 13 to zero .....	<b>111</b> ●			
<b>112</b> Balance of retaliatory tax credit (subtract line 111 from line 110) .....	<b>112</b> ●			
<b>113</b> Retaliatory tax credit to be carried forward (if you elect this option, enter the amount shown on line 112) ...	<b>113</b> ●			
<b>114</b> Retaliatory tax credit to be refunded (if you elect this option, enter the amount shown on line 112 here and on line 29)	<b>114</b> ●			

**Schedule J - Computation of Issuer's Allocation Percentage**

<b>115</b> New York gross direct premiums .....	<b>115</b> ●	
<b>116</b> Total gross direct premiums .....	<b>116</b> ●	
<b>117</b> Issuer's allocation percentage (divide line 115 by line 116; enter here and on line 30) .....	<b>117</b> ■	%

**Composition of Prepayments on Line 18**

		Date Paid	Amount
<b>118</b> Mandatory first installment .....	<b>118</b>		
<b>119</b> CT-400 installments .....	<b>119</b> (1)		
	(2)		
	(3)		
<b>120</b> Payment with extension request, Form CT-5, line 7 .....	<b>120</b>		
<b>121</b> Credit from prior years .....	<b>121</b>		
<b>122</b> Credit from Form CT-33-M .....	<b>122</b> Period		
<b>123</b> Total prepayments (add lines 118 through 122; enter here and on line 18) .....	<b>123</b>		

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

Does this corporation have an interest in real property located in New York State?      ●  Yes      ●  No

Has the controlling interest in the corporation's stock changed during the last 3 years (prior to June 15, 1996)?      ●  Yes      ●  No

If you answered Yes to the last two questions, attach a separate sheet with complete details. (see instructions)

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

Signature of elected officer or authorized person	Official title	Date
Firm's name (or yours if self-employed)	ID number	Date
Address	Signature of individual preparing this return	

Mail returns to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 1909, ALBANY NY 12201-1909**

Attach a copy of your complete federal return, a copy of your Annual Report of Premiums as filed with the New York State Insurance Department and copies of the following schedules from your Annual Statement: Balance Sheet, the Analysis of Assets Exhibit and the Summary by Country portion of Schedule D.

## Need Help?

**For information, forms or publications**, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, you can also call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

**Hotline for the Hearing and Speech Impaired** - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities** - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

**If you need to write**, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.