



CT-33

New York State Department of Taxation and Finance

Insurance Corporation Franchise Tax Return

Tax Law — Article 33

1998 calendar-yr. filers, check box Other filers enter tax period:

beginning ending

Employer identification number, File number, Check box if overpayment claimed, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, Business telephone number, Business activity code number, Principal business activity, Are you a member of a NYS combined group?

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

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

A. Payment — pay amount shown on line 21. Make check payable to: New York State Corporation Tax

Computation of Tax and Installment Payments of Estimated Tax

Table with 29 rows for tax computation. Includes lines 1-13 for tax calculation, 14a-14b for installment payments, and 15-29 for balance and penalties. Includes a 'First installment of estimated tax for next period' section.





**Schedule G - Computation and Allocation of Entire Net Income** (see instructions for explanation of lines 62 through 86)

62	Federal taxable income before net operating loss or operations loss (see instructions) .....	62	●	
<b>Additions</b>				
63	Dividends-received deduction (used to compute line 62) .....	63	●	
64	Dividend or interest income not included in line 62 (attach list) .....	64	●	
65	Interest to stockholders - <input type="text"/> less 10% or \$1,000, whichever is larger .....	65	●	
66	Adjustment for gains or losses on disposition of property acquired prior to January 1, 1974 from line 60 .....	66	●	
67	Deductions attributable to subsidiary capital (attach list) .....	67	●	
68	New York State franchise tax deducted on federal return (attach list) .....	68	●	
69a	Amount deducted on your federal return as a result of a safe harbor lease .....	69a	●	
69b	Amount which would have been required to be included on your federal return except for a safe harbor lease .....	69b	●	
70	ACRS or MACRS deductions used in the computation of federal taxable income (attach Form CT-399) ..	70	●	
<b>Property and casualty insurance adjustments:</b>				
71	Amount deducted from federal gross income on Form 1120-PC, pursuant to IRC section 847(1) .....	71	●	
72	Unearned premiums at the end of the preceding tax year excluded from premiums earned as a result of the reduction in the deduction for unearned premiums (see instructions) .....	72	●	
73	Amount of difference between unpaid losses and discounted unpaid losses at the end of the preceding tax year (attach separate sheet; see instructions) .....	73	●	
74	Other additions (attach explanation on separate sheet) .....	74	●	
75	Total (add lines 62 through 74) .....	75	●	
<b>Subtractions</b>				
76	Interest, dividends, and capital gains from subsidiary capital (attach list) .....	76	●	
77	50% of dividends, from nonsubsidiary corporations (attach list) .....	77	●	
78	Gain on installment sales made prior to January 1, 1974 (attach list) .....	78	●	
79	New York net operating loss or operations loss (attach statement showing computation) .....	79	●	
80a	Amount included on your federal return as a result of a safe harbor lease .....	80a	●	
80b	Amount which could have been deducted on your federal return except for a safe harbor lease .....	80b	●	
81	Depreciation allowed by section 1503(b)(10) (attach Form CT-399) .....	81	●	
<b>Property and casualty insurance adjustments:</b>				
82	Amount included in federal gross income on Form 1120-PC, pursuant to IRC sections 847(5) and 847(6) .....	82	●	
83	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) .....	83	●	
84	Amount of the difference between unpaid losses and discounted unpaid losses at the end of the tax year (attach separate sheet; see instructions) .....	84	●	
85	Reduction in deduction for losses incurred (see instructions) .....	85	●	
86	Other subtractions (attach explanation on separate sheet) .....	86	●	
87	Total subtractions (add lines 76 through 86) .....	87	●	
88	Entire net income (subtract line 87 from line 75) .....	88	●	
89	Allocated entire net income (multiply line 88 by line 45; enter here and on line 1) .....	89	●	

Taxpayer's name	Employer identification number
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**Schedule H - Computation of Premiums**

		A Premiums Taxable Under Section 1510	B Premiums Included In Tax Limitation Computation - Section 1505
<b>Life insurance companies</b>			
90 Life insurance premiums.....	90 ●		●
91 Accident and health insurance premiums .....	91 ●		●
92 Other insurance premiums ( <i>attach list</i> ) .....	92 ●		●
93 Total ( <i>add lines 90, 91, and 92, column A; enter here and on line 6</i> ) .....	93 ●		
<b>Nonlife insurance companies</b>			
94 Accident and health insurance premiums ( <i>enter column A amount on line 7</i> )...	94 ●		●
95 Other insurance premiums ( <i>enter column A amount on line 8</i> ) .....	95 ●		●
<b>See instructions before making entries below.</b>			
<b>Insurance corporations who receive more than 95% of their premiums from:</b>			
96 Annuity contracts .....	96 ●		●
97 Ocean marine insurance .....	97 ●		●
98 Group insurance on the elderly (Insurance Law, section 4236) .....	98 ●		●
99 Total ( <i>add lines 90 through 98, column B; enter amount here and on line 10a or line 10b, whichever is applicable</i> ) .....	99		

**Schedule I — Computation of Retaliatory Tax Credit**

**Part I - Computation of Retaliatory Tax Credit for Corporations Organized or Domiciled in New York State (section 1511(c))**

For tax years prior to 1996 attach separate computation.

		A 1996	B 1997	C 1998
100 Tax less credits (except for retaliatory tax credit) .....	100			
101 Retaliatory tax credit claimed in 1996 and 1997 .....	101			
102 Balance ( <i>subtract line 101 from line 100</i> ) .....	102			
103 90% of retaliatory taxes paid in 1998 on 1996 premiums and income ( <i>total of line 101 plus line 103 may not exceed line 100, column A</i> ) .....	103 ●			
104 90% of the retaliatory taxes paid in 1998 on 1997 premiums and income ( <i>total of line 101 plus line 104 may not exceed line 100, column B</i> ) .....	104 ●			
105 90% of retaliatory taxes paid in 1998 on 1998 premiums and income ( <i>total may not exceed line 100, column C</i> ) .....	105 ●			
106 Total §1511(c) retaliatory tax credit claimed this year ( <i>add line 103, column A, line 104, column B and line 105, column C</i> ) ..	106 ●			

**Part II - Computation of Section 1511(i) Retaliatory Tax Credit for Corporation Organized or Domiciled in New York State Relating to Assessments Imposed Pursuant to Public Health Law Section 2807-t**

		A 1997	B 1998
107 Amount of assessment paid pursuant to Public Health Law section 2807-t	107		
108 Tax less credits ( <i>except for section 1511(i) retaliatory credit</i> ) .....	108		
109 Section 1511(i) retaliatory credit previously claimed in 1997 .....	109		
110 Balance ( <i>subtract line 109 from line 108</i> ) .....	110		
111 90% of retaliatory taxes paid to other states in 1998 because of 1997 2807-t assessments ( <i>may not exceed lower of line 107 or line 110, column A</i> )	111 ●		
112 90% of retaliatory taxes paid to other states in 1998 because of 1998 2807-t assessments ( <i>may not exceed lower of line 107 or line 110, column B</i> )	112		●
113 Section 1511(i) retaliatory tax claimed ( <i>add line 111A and 112B</i> ) .....	113		●

**Part III - Computation of Total Retaliatory Tax Credits and Carryforward or Refund**

114 Total Retaliatory Tax Credits Claimed this year ( <i>add lines 106 and 113</i> ) .....	114 ●	
115 Retaliatory tax credits carried forward from previous years .....	115 ●	
116 Total retaliatory tax credits ( <i>add lines 114 and 115 and include on line 12</i> ) .....	116 ●	
117 Retaliatory tax credits from lines 106 and 113 used on line 12 to reduce tax due on line 13 to zero ..	117 ●	
118 Balance of retaliatory tax credits ( <i>subtract line 117 from line 116</i> ) .....	118 ●	
119 Retaliatory tax credit to be carried forward ( <i>if you elect this option, enter the amount shown on line 118</i> ) ...	119 ●	
120 Retaliatory tax credit to be refunded ( <i>if you elect this option, enter the amount shown on line 118 here and on line 27</i> )	120 ●	

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

121	New York gross direct premiums .....	121	•	
122	Total gross direct premiums .....	122	•	
123	Issuer's allocation percentage (divide line 121 by line 122; enter here and on line 28).....	123		%

**Composition of Prepayments on Line 16**

		Date Paid	Amount
124	Mandatory first installment .....	124	
125	CT-400 installments.....	125 (1)	
		(2)	
		(3)	
126	Payment with extension request, Form CT-5, line 5.....	126	
127	Credit from prior years.....	127	
128	Credit from Form CT-33-M .....	128	Period
129	Total prepayments (add lines 124 through 128; enter here and on line 16) .....	129	

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

**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
Paid Preparer Use Only	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 22038, ALBANY NY 12201-2038**

**Private Delivery Services**

The date recorded or marked by certain private delivery services, as designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance, will be treated as a postmark, and that date will be considered to be the date of delivery in determining whether your return was filed on time. (Designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need Help?* below for information on ordering forms and publications.) If you use **any** private delivery service, address your return to: **State Processing Center, 431C Broadway, Menands, NY 12204.**

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?**

**Telephone Assistance** is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

**Fax-on-Demand Forms Ordering System** - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

**Internet Access** - <http://www.tax.state.ny.us>  
Access our website for forms, publications, and information.

**Hotline for the Hearing and Speech Impaired** - If you 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. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), 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.

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