New York State Department of Taxation and Finance

19

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<u> </u>	€ CI-33-C	Captive In	surance (Company		lers enter tax period:	
	1998	Franchise			beginni	na	
		Tax Law — Article 3			_		
Emplo	yer identification number		File number	Check box if	endi For office	e use only	
,			- I	overpayment claimed			
	Legal name of corporation		Trade name / DBA		1		
					Date rece	eived	
me ss	Mailing name (if different from legal name) and	nd address		State or country of incorporation	1		
na dre	c/o	PLACE L	ABEL HERE				
ag a	Number and street or PO box			Date of incorporation	1		
Mailing name and address							
<u>≥</u> <u>a</u>	City	State	ZIP code	Foreign corporations: date began			
				business in NYS	Audit use)	
		on number, address, or owner/officer inf		s telephone number	1		
cneck t instruct		structions). If you need Form DTF-95, cannot u.S. and outside Canada, call (518) 4)			
	iness activity code number (from federal return; instructions)	● □ NAICS Princi	pal business activity				
366	instructions)	● ☐ Other					
ede	eral return was filed on:] 1120-L ●	0-PC • Cons	solidated • 🗌 Other_			
					-		
	Payment — pay amount shown on	line 19. Make check pa	ayable to: New York 3	State Corporation Tax		Payment enclosed	
¶ ···	· · · · Attach your payment here.						丄
`or	nputation of Tax and Install	ment Payments of F	Estimated Tay				
<i></i>		ment rayments or i	_Stilllated Tax				
_							
	on New York State Gross Direc			× 00/		1_	\top
	First \$20,000,000 of Gross Dire			× .004		•	+
	\$20,000,001-\$40,000,000 of Gr					•	+
	\$40,000,001-\$60,000,000 of Gr			× .002 × .000		•	+
4	Excess of \$60,000,000 of Gros	ss Direct Premiums] ∧ .000	175 4	•	
·	un Navy Yaylı Ctata Bainayınanan Bu						
	on New York State Reinsurance Pro First \$20,000,000 of Reinsuran			× .002	25 5	•	\top
	\$20,000,000 of Reinsulan					•	+
	\$40,000,001-\$40,000,000 of Re					•	+
	Excess of \$60,000,000 of Rein			× .000.		•	+
Ů	Excess of \$60,000,000 of Rein	surance i remiums	·····	[/ .υυ	20 0	-	<u> </u>
:omi	outation of Tax and Estimated Tax	Due					
	Tax Due based upon premiums						
-					9		_
10		- · ·			<u>9</u> 10		100
	Minimum Tax				10	5,000	0(
	Minimum Tax	9 or 10)				5,000	00
11	Minimum Tax	9 or 10)			10	5,000	00
11 12a	Minimum Tax Tax Due (enter the greater of line First installment of estimated If a request for extension was f	9 or 10) I tax for next period: filed, enter amount fron	n Form CT-5, line 2		10 11	5,000	00
11 12a 12b	Minimum Tax	9 or 10)	n Form CT-5, line 2		10 11	5,000	0
11 12a 12b 13	Minimum Tax Tax Due (enter the greater of line First installment of estimated If a request for extension was f If Form CT-5 was not filed, enter	9 or 10)	n Form CT-5, line 2		10 11 12a 12b	5,000	0
11 12a 12b 13 14	Minimum Tax Tax Due (enter the greater of line First installment of estimated If a request for extension was fif Form CT-5 was not filed, enter Total (add line 11 and line 12a or	9 or 10)	n Form CT-5, line 2		10 11 12a 12b	5,000	00
11 12a 12b 13 14 15	Minimum Tax Tax Due (enter the greater of line First installment of estimated If a request for extension was fif Form CT-5 was not filed, enter Total (add line 11 and line 12a or Total prepayments from line 26	9 or 10)	n Form CT-5, line 2		10 12a 12b 13 14	5,000	0

19 Balance due (add lines 15 through 18; enter payment on line A above)..... 20 Overpayment (if line 13 is less than line 14, subtract line 13 from line 14)

Com	nposition of Prepayments on Line 14					
			Date	Paid	Amoun	t
23	CT-400 installments	23	(1)			
			(2)			
			(3)			
24	Payment with extension request (from Form CT-5, line 5)		24			
25	Credit from prior years			25		
26	Total prepayments (add lines 23 through 25; enter here and on line 14)			26		
Have	e you been audited by the Internal Revenue Service in the past 5 year	rs? (if Yes list	years.)		Yes	☐ No
Certi	ification. I certify that this return and any attachments are to the best	of my knowle	dge and belie	f true, cor	rect, and comp	lete.
Signa	ature of elected officer or authorized person	Official title			Date	
ē	Firm's name (or yours if self-employed)	IC) number		Date	
only			$I \cup I \cup I$			
Paid Preparer Use Only	Address	S	ignature of indivi	lual preparing	this return	

Mail returns to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038

Private Delivery Services

See Private Delivery Services in the instructions.

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.