



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law - Article 33

1999 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 received, Date of incorporation, Foreign corporations; date began business in NYS, Audit use, Business telephone number, NAICS business code number, Principal business activity

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

A. Payment - pay amount shown on line 19. Make check payable to: New York State Corporation Tax Payment enclosed

Computation of tax and installment payments of estimated tax

Tax on New York State gross direct premiums:

Table with 4 rows: 1 First \$20,000,000 of gross direct premiums, 2 \$20,000,001-\$40,000,000 of gross direct premiums, 3 \$40,000,001-\$60,000,000 of gross direct premiums, 4 Excess of \$60,000,000 of gross direct premiums

Tax on New York State reinsurance premiums:

Table with 4 rows: 5 First \$20,000,000 of reinsurance premiums, 6 \$20,000,001-\$40,000,000 of reinsurance premiums, 7 \$40,000,001-\$60,000,000 of reinsurance premiums, 8 Excess of \$60,000,000 of reinsurance premiums

Computation of tax and estimated tax due:

Table with 13 rows: 9 Tax due based upon premiums, 10 Minimum tax, 11 Tax due, 12a 12b First installment of estimated tax for next period, 13 Total, 14 Total prepayments from line 27, 15 Balance, 16 Penalty for underpayment of estimated tax, 17 Interest on late payment, 18 Late filing and late payment penalties, 19 Balance due, 20 Overpayment, 21 Amount of overpayment to be credited to next period, 22 Refund of overpayment

Continued on the back

Composition of prepayments on line 14

		Date paid	Amount
23	Mandatory first installment from previous period	23	
24	CT-400 installments	24 (1)	
		(2)	
		(3)	
25	Payment with extension request (from Form CT-5, line 5)	25	
26	Credit from prior years	26	
27	Total prepayments (add lines 23 through 26; enter here and on line 14)	27	

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

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	

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*.

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

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently 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, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836.**

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, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

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



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Internet access: <http://www.tax.state.ny.us>



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to:
 NYS TAX DEPARTMENT
 TAXPAYER ASSISTANCE BUREAU
 TAXPAYER CORRESPONDENCE
 W A HARRIMAN CAMPUS
 ALBANY NY 12227