



CT-33-A

New York State Department of Taxation and Finance

Insurance Corporation Combined Franchise Tax Return

Tax Law — Article 33

2000 calendar-yr. filers, check box

Other filers enter tax period:

beginning	
ending	

Employer identification number		File number	If address on return is new, check box (see instructions). <input type="checkbox"/>	For office use only
Mailing name and address	Legal name of corporation		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. Obtain forms through fax-on-demand, Internet access, or one of the telephone assistance numbers. See the <i>Need help?</i> section.	Date received
	Mailing name (if different from legal name above) and address			Audit use
	C/O			
	Number and street or PO Box			
City		State	ZIP code	
<input type="checkbox"/> Check box if claiming overpayment	Complete Form CT-33, lines 30 through 136, for each member of the combined group and file them with this return. (See Form CT-33-A-I, <i>Instructions for Form CT-33-A</i> , for assistance.)			
Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer Yes, you must file Form CT-33-M.				
A. Payment — pay amount shown on line 26. Make check payable to: New York State Corporation Tax				Payment enclosed
Attach your payment here.				

Schedule M — Computation of tax and installment payments of estimated tax

1	Combined allocated entire net income from line 47		x (see instructions)	1	●	
2	Combined allocated capital from line 49		x .0016	2	●	
3	Combined alternative base (see instructions)		x .09	3	●	
4	Minimum tax for parent corporation only			4		250 00
5	Combined allocated subsidiary capital from line 51		x .0008	5	●	
6	Combined franchise tax (line 1, 2, 3, or 4, whichever is largest, plus line 5)			6	●	
7	Life insurance company premiums from line 52, column C		x .007	7	●	
8	Accident and health premiums from line 53, column C		x .01	8	●	
9	Other insurance premiums from line 54, column C		x .013	9	●	
10	Total additional franchise tax (add lines 7, 8, and 9)			10	●	
11	Combined minimum tax for subsidiaries — number of subsidiaries	●	x \$250 =	11	●	
12	Total (add lines 6, 10, and 11)			12	●	
Section 1505 limitation on tax:						
13	Life insurance company premiums from line 55, column C		x .02	13	●	
14	Nonlife insurance company premiums from line 56, column C		x (see instructions)	14	●	
15	Total limitation on tax (add lines 13 and 14)			15		
16	Tax from line 12 or 15, whichever is less (see instructions if claiming EZ or ZEA credits)			16	●	
17	Tax credits — <input type="checkbox"/> Taxes on certain fire insurance premiums (enter amount) ●			17	●	
	<input type="checkbox"/> DTF-602 <input type="checkbox"/> DTF-601 <input type="checkbox"/> DTF-601.1					
	● <input type="checkbox"/> Retaliatory tax ● <input type="checkbox"/> CT-41 ● <input type="checkbox"/> CT-43 <input type="checkbox"/> Certified capital company (CAPCO) credit					
	(attach forms; see instructions for Form CT-33, line 12, if claiming more than one credit)					
18	Tax due (see instructions)			18	●	
19a	If you filed a request for extension, enter amount from Form CT-5.3, line 5			19a	●	
19b	If you did not file Form CT-5.3 and line 18 is over \$1,000, see instructions for computation			19b	●	
20	Total (add line 18 and line 19a or 19b)			20	●	
21	Total prepayments from line 66			21	●	
22	Balance (if line 21 is less than line 20, subtract line 21 from line 20)			22	●	
23	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")			23	●	
24	Interest on late payment (see instructions)			24	●	
25	Late filing and late payment penalties (see instructions)			25	●	
26	Balance due (add lines 22 through 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 report			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 of overpayment (subtract line 30 from line 29)			31	●	
32	Refund of excess retaliatory tax credit (see instructions)			32	●	
33	Combined group issuer's allocation percentage from line 59			33	●	%

	Parent
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Schedule N — Computation of combined allocation percentage

34 New York premiums from Form CT-33, Schedule B, line 37	34	
35 Total premiums from Form CT-33, Schedule B, line 38	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 41	38	
39 Total wages from Form CT-33, Schedule B, line 42	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 O — Computation of combined subsidiary allocation percentage

43 New York subsidiary capital from Form CT-33, Schedule C, line 47	43	
44 Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	44	
45 Combined subsidiary allocation percentage (divide line 43 by line 44)	45	

Schedule P — Computation of combined allocated New York income

46 Entire net income from Form CT-33, Schedule G, line 88	46	
47 Combined allocated entire net income (multiply line 46 by line 42; enter here and in box on line 1)	47	

Schedule Q — Computation of combined allocated New York capital

48 Business and investment capital from Form CT-33, Schedule D, line 57	48	
49 Combined allocated capital (multiply line 48 by line 42; enter here and in box on line 2)	49	

Schedule R — Computation of combined allocated subsidiary capital

50 Subsidiary capital from Form CT-33, Schedule D, line 54	50	
51 Combined allocated subsidiary capital (multiply line 50 by line 45; enter here and on line 5)	51	

Schedule S — Analysis of Schedule H, Form CT-33

52 Life insurance company premiums from Form CT-33, Schedule H, line 93, column A (enter combined total here and on line 7)	52	
Nonlife insurance company premiums:		
53 Accident and health premiums from Form CT-33, Schedule H, line 94, column A (enter combined total here and on line 8)	53	
54 Other insurance premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and on line 9)	54	

Schedule T — Limitation of tax

55 Life insurance company premiums from Form CT-33, line 99	55	
56 Nonlife insurance company premiums from Form CT-33, line 99	56	

Schedule U — Computation of combined issuer's allocation percentage

57 New York gross direct premiums from Form CT-33, Schedule J, line 122	57	
58 Total gross direct premiums from Form CT-33, Schedule J, line 123	58	
59 Issuer's allocation percentage (divide line 57 by line 58; enter here and on line 33)	59	

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	

Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate eliminations	C Combined totals (column A – column B)
Schedule N						
					●	34 ●
						35 ●
						36 ● %
						37 ● %
						38 ●
						39 ●
						40 ● %
						41 ● %
						42 ● %
Schedule O						
					●	43 ●
					●	44 ●
						45 ● %
Schedule P						
					●	46 ●
						47 ●
Schedule Q						
					●	48 ●
						49 ●
Schedule R						
					●	50 ●
						51 ●
Schedule S						
						52 ●
						53 ●
						54 ●
Schedule T						
						55
						56
Schedule U						
						57
						58
						59 %

Composition of prepayments

		Date paid	Amount
60	Mandatory first installment of combined group	60	
61a	CT-400 installments of combined group – second installment	61a	
61b	Third installment	61b	
61c	Fourth installment	61c	
62	Payment with extension application, from Form CT-5.3, line 8	62	
63	Credit from prior years combined return	63	
64	Credit from Form CT-33-M	64	Period
65	Total prepayments from subsidiaries not previously included in combined return	65	
66	Total prepayments (add lines 60 through 65; enter here and on line 21)	66	

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	

When and where to file

File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return 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.**

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department uses this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

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
W A HARRIMAN CAMPUS
ALBANY NY 12227