



New York State Department of Taxation and Finance  
**CT-33-C Captive Insurance Company 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	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Legal name of corporation		Trade name/DBA		
Mailing name and address	Mailing name (if different from legal name) and address		State or country of incorporation	
	c/o		Date of incorporation	
	Number and street or PO box		Foreign corporations; date began business in NYS	
	City	State	ZIP code	Audit use
If address above is new, check box (see instructions) <input type="checkbox"/>		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 of the form or instructions.		
NAICS business code number (see instructions)		Business telephone number ( )		
Principal business activity				

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

<b>A. Payment</b> — pay amount shown on line 19. Make check payable to: <b>New York State Corporation Tax</b>	Payment enclosed
Attach your payment here.	

**Computation of tax and installment payments of estimated tax**

**Tax on New York State gross direct premiums:**

1 First \$20,000,000 of gross direct premiums .....	x .004	1	<input type="checkbox"/>
2 \$20,000,001-\$40,000,000 of gross direct premiums .....	x .003	2	<input type="checkbox"/>
3 \$40,000,001-\$60,000,000 of gross direct premiums .....	x .002	3	<input type="checkbox"/>
4 Excess of \$60,000,000 of gross direct premiums .....	x .00075	4	<input type="checkbox"/>

**Tax on New York State reinsurance premiums:**

5 First \$20,000,000 of reinsurance premiums .....	x .00225	5	<input type="checkbox"/>
6 \$20,000,001-\$40,000,000 of reinsurance premiums .....	x .0015	6	<input type="checkbox"/>
7 \$40,000,001-\$60,000,000 of reinsurance premiums .....	x .0005	7	<input type="checkbox"/>
8 Excess of \$60,000,000 of reinsurance premiums .....	x .00025	8	<input type="checkbox"/>

**Computation of tax and estimated tax due:**

9 Tax due based upon premiums (add lines 1 through 8) .....	9	
10 Minimum tax .....	10	5,000 00
11 Tax due (enter the greater of line 9 or 10) .....	11	
<b>First installment of estimated tax for next period:</b>		
12a If you filed a request for extension, enter amount from Form CT-5, line 2 .....	12a	
12b If you did not file Form CT-5, enter 25% (.25) of line 11 .....	12b	
13 Total (add line 11 and line 12a or 12b) .....	13	
14 Total prepayments from line 27 .....	14	
15 Balance (if line 14 is less than line 13, subtract line 14 from line 13) .....	15	
16 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0") .....	16	
17 Interest on late payment (see instructions) .....	17	
18 Late filing and late payment penalties (see instructions) .....	18	
19 <b>Balance due</b> (add lines 15 through 18; enter payment on line A above) .....	19	
20 Overpayment (if line 13 is less than line 14, subtract line 13 from line 14) .....	20	
21 Amount of overpayment to be credited to next period .....	21	
22 Refund of overpayment (subtract line 21 from line 20) .....	22	

Continued on the back

**Composition of prepayments on line 14**

	Date paid	Amount
<b>23</b> Mandatory first installment .....	<b>23</b>	
<b>24a</b> Second installment .....	<b>24a</b>	
<b>24b</b> Third installment .....	<b>24b</b>	
<b>24c</b> Fourth installment .....	<b>24c</b>	
<b>25</b> Payment with extension request (from Form CT-5, line 5) .....	<b>25</b>	
<b>26</b> Credit from prior years .....	<b>26</b>	
<b>27</b> Total prepayments (add lines 23 through 26; enter here and on line 14) .....	<b>27</b>	

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  
 W A HARRIMAN CAMPUS  
 ALBANY NY 12227