



CT-33-A

New York State Department of Taxation and Finance

Insurance Corporation Combined Franchise Tax Return

Tax Law — Article 33

2001 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. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section of the instructions.	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 140, 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	×	(see instructions)	1	●	
2	Combined allocated business and investment capital from line 49	×	.0016	2	●	
3	Combined alternative tax (see instructions)	×	.09	3	●	
4	Minimum tax for parent corporation only			4		250 00
5	Combined allocated subsidiary capital from line 51	×	.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	×	.007	7	●	
8	Accident and health premiums from line 53, column C	×	.01	8	●	
9	Other insurance premiums from line 54, column C	×	.013	9	●	
10	Total additional franchise tax (add lines 7, 8, and 9)			10	●	
11	Combined minimum tax for subsidiaries — number of subsidiaries	●	× \$250 =	11	●	
12a	Total tax (add lines 6, 10, and 11)			12a	●	
12b	Total EZ and ZEA tax credits claimed (enter amount from line 68)			12b	■	
12c	Total tax after EZ and ZEA tax credits (subtract line 12b from line 12a)			12c	●	
Section 1505 limitation on tax:						
13	Life insurance company premiums from line 55, column C	×	.02	13	●	
14	Nonlife insurance company premiums from line 56, column C	×	(see instructions)	14	●	
15	Total limitation on tax (add lines 13 and 14)			15		
16	Tax from line 12c or 15, whichever is less			16	●	
17	Tax credits (enter amount from line 69)			17	■	
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 return			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 tax credits (see instructions)			32	■	
33	Combined group issuer's allocation percentage from line 59			33		%

		Parent
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 entire net 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 business and investment capital		
48	Business and investment capital from Form CT-33, Schedule D, line 57	48
49	Combined allocated business and investment 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 in box 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 in box 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 in box on line 8)	53
54	Other insurance premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and in box 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

Name	Employer identification number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	
Subsidiary #5	
Subsidiary #6	

Attach additional pages, if necessary.

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	Second combined group installment from Form CT-400	61a	
61b	Third combined group installment from Form CT-400	61b	
61c	Fourth combined group installment from Form CT-400	61c	
62	Payment with extension application, from Form CT-5.3, line 8	62	
63a	Tax credits credited as an overpayment from prior year's combined return	63a	
63b	Overpayment credited from prior year's combined return	63b	
64	Overpayment credited from Form CT-33-M <input type="text" value="Period"/>	64	
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	
67	Amount of tax credits to be credited as an overpayment to next year's combined return	67	

Recap of tax credits claimed against current year's combined franchise tax return
 (see instructions for lines 12b, 17, 68, and 69)

EZ and ZEA tax credits (attach appropriate form for each credit claimed)

Form CT-601 EZ wage tax credit	<input type="text"/>	Form CT-601.1 ZEA wage tax credit	<input type="text"/>	Form CT-602 EZ capital tax credit	<input type="text"/>
-----------------------------------	----------------------	--------------------------------------	----------------------	--------------------------------------	----------------------

68 Total EZ and ZEA tax credits claimed that are used to reduce the tax due on line 12c; amount can not reduce the tax to less than the combined minimum tax (enter here and on line 12b) **68** ●

Tax credits (attach appropriate form or statement for each credit claimed)

Fire insurance premiums tax credit (enter amount claimed)

Form CT-41
Credit for employment of persons with disabilities ●

Retaliatory tax credits (enter amounts claimed) ●

Form CT-43
Special additional mortgage recording tax credit ●

Form CT-250
Defibrillator credit ●

CAPCO credit (enter amount claimed) ●

Form CT-604
QEZE credit for real property taxes ●

Form DTF-624
Low-income housing credit ●

Form CT-604
QEZE tax reduction credit ●

Form DTF-630
Green building credit ●

Other credits ●

69 Total tax credits claimed above that are used to reduce the tax due on line 18; do not include EZ and ZEA tax credits claimed (enter here and on line 17) **69** ●

70 Total tax credits claimed above that are refund eligible (see instructions) **70** ●

Primary corporation name (if a member of an affiliated group)	EIN
Parent corporation name (if more than 50% owned by another corporation)	EIN

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
	Address	Signature of individual preparing this return

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

Also mail a copy to: THE NEW YORK STATE INSURANCE DEPARTMENT, AGENCY BUILDING 1, EMPIRE STATE PLAZA, ALBANY NY 12257