		Naw York State Departme	ant of Tavation and Finance				_
	2002) CI-33-C	Captive I	ent of Taxation and Finance  NSURANCE C  NOTE: Tax Return	ompany $\circ^2$	002 calendar-yr. fil ther filers enter ta		_
		i rancins	e lax netul	n b	eginning •		
	Amended return	Tax Law – Article	33		ending		
Empl	oyer identification number		File number	Check box if overpayment claimed	For office use only		_
	Legal name of corporation		Trade name/DBA	Trade name/DBA			_
0 g	Mailing name (if different from legal name) a	Date received					
Mailing name and address							
9 9	c/o Number and street or PO box			Date of incorporation			
iii b							
Ma	City	State	ZIP code	Foreign corporations: date began business in NYS			
				busiless iii N 13	Audit use		_
	ess above is new, lf your name, employer identific changed, you must file Form D	cation number, address, or owner/off TF-95. If only your address has char se forms by fax, phone, or from our V	icer information has iged, you may file	telephone number			
instruc	help? section on the back.		Veb site. See the Need	)			
NAIC	S business code number (see instructions)	Principal business activity					
Fede	ral return was filed on:	☐ 1120-L • ☐ 1	120-PC • Consoli	dated • Other: _			
<b>A</b> . P	ayment — pay amount shown o	on line 19. Make check	pavable to: New York S	State Corporation Tax	Payme	nt enclosed	_
	Attach your payment here.		payable territori remi	and corporation ran			
_		_				·	
Com	putation of tax and install	ment payments of e	estimated tax				
	on New York State gross direc	-			1		_
	First \$20,000,000 of gross direct premiums				• <u>1.</u>		
	\$20,000,001-\$40,000,000 of gross direct premiums				2.		
3				× .002 =	3.		
4	Excess of \$60,000,000 of gros	ss airect premiums		× .00075 =	● 4.		_
Tay	on New York State reinsurance	a nramiume:					
	First \$20,000,000 of reinsuran	•		× .00225 =	• 5.		_
	\$20,000,001-\$40,000,000 of re	•		× .0015 =	• 6.		
	\$40,000,001-\$60,000,000 of re	•	· ·	× .0005 =	• 7.		
	Excess of \$60,000,000 of reins			× .00025 =	● 8.		
		·			· · · · · · · · · · · · · · · · · · ·		
Com	putation of tax and estimated	tax due:					_
	Tax due based upon premiums						_
	Minimum tax					5,000	00
11	Tax due (enter the greater of line	. 🛚 11.					
10	First installment of estimated	-			<b>-</b> 40-		
	If you filed a request for extens If you did not file Form CT-5 (s						
	Total (add line 11 and line 12a or	,					_
	iotal (add iiilo i i alid iiilo iza Ul	1 = W			.   10.		

Balance (if line 14 is less than line 13, subtract line 14 from line 13)

16 Penalty for underpayment of estimated tax (check box if Form CT-222 is attached ■; if none, enter "0") .. ■ 16. 17 Interest on late payment (see instructions) 

Balance due (add lines 15 through 18; enter payment on line A above) 22 Refund of overpayment (subtract line 21 from line 20)

15.

19

Composition of prepayments on line 14									
				Date paid	Amo	unt			
23	Mandatory first installment		23.						
24a	Second installment from Form CT-400		24a.						
24b	Third installment from Form CT-400	24b.							
24c	Fourth installment from Form CT-400		24c.						
25	Payment with extension request (from Form CT-5, line 5)		25.						
26	Overpayment credited from prior years			26.					
27	Total prepayments (add lines 23 through 26; enter here and on line 14)			27.					
Have	e 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				
Paid pr use	Address	Signature	of indiv	idual preparing th	nis 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: Schedule T*, and either *Schedule F* or *Schedule S*.

Mail returns 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

## Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, 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 a.m. to 5:55 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: www.tax.state.ny.us



## Hotline for the hearing and speech impaired:

1 800 634-2110 from 8 a.m. to 5:55 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 CONTACT CENTER W A HARRIMAN CAMPUS ALBANY NY 12227