



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

2003 calendar-year filers check box:

Other filers enter tax period:

beginning ending

Amended return Tax Law – Article 33

Employer identification number	File number	Business telephone number ()	If you claim an overpayment, check box <input type="checkbox"/>
Legal name of corporation	Trade name/DBA		Date received (for Tax Department use only)
Mailing name (if different from legal name above) c/o	State or country of incorporation		
Number and street or PO box	Date of incorporation		
City	State	ZIP code	Foreign corporations: date began business in NYS
NAICS business code number (see instructions)	If address above is new, check box <input type="checkbox"/>	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 on the back of this form.	
Principal business activity	Audit (for Tax Department use only)		

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

Tax on New York State reinsurance premiums:

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

Computation of tax and estimated tax due:

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

Continued on the back

Composition of prepayments on line 14 (see instructions)

		Date paid	Amount
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 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 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*: *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**

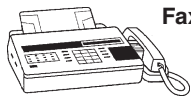
Private delivery services

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 have used a designated private delivery service and need to establish the date you filed your return, contact that private delivery service for instructions on how to obtain written proof of the date your return was given to the delivery service for delivery. 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?



Internet access: www.nystax.gov
(for information, forms, and publications)



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



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

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



Hotline for the hearing and speech impaired:

If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a 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 1 800 972-1233.



If you need to write, address your letter to:

NYS TAX DEPARTMENT
BUSINESS TAX INFORMATION CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227