



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

All filers must enter tax period:

Amended return [ ]

Tax Law - Article 33

beginning [ ]

ending [ ]

Form fields for Employer identification number, File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, Foreign corporations, NAICS business code number, Principal business activity, etc.

Federal return was filed on (mark an X in one): 1120-L [ ] 1120-PC [ ] Consolidated [ ] Other: [ ]

Payment section: A. Pay amount shown on line 19. Make check payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs.

Computation of tax and installment payments of estimated tax

Tax on New York State gross direct premiums:

Table with 4 rows for gross direct premiums: 1. First \$20,000,000, 2. \$20,000,001-\$40,000,000, 3. \$40,000,001-\$60,000,000, 4. Excess of \$60,000,000.

Tax on New York State reinsurance premiums:

Table with 4 rows for reinsurance premiums: 5. First \$20,000,000, 6. \$20,000,001-\$40,000,000, 7. \$40,000,001-\$60,000,000, 8. Excess of \$60,000,000.

Computation of tax and estimated tax due:

Table with 22 rows for tax computation: 9. Tax due based upon premiums, 10. Minimum tax, 11. Tax due, 12a-12b. First installment of estimated tax for next period, 13. Total, 14. Total prepayments, 15. Balance, 16. Estimated tax underpayment penalty, 17. Interest on late payment, 18. Late filing and late payment penalties, 19. Balance due, 20. Overpayment, 21. Amount of overpayment, 22. Refund.

Continued on the back

**Composition of prepayments on line 14** (see instructions)

	Date paid	Amount
<b>23</b> Mandatory first installment.....	<b>23.</b>	
<b>24a</b> Second installment from Form CT-400 .....	<b>24a.</b>	
<b>24b</b> Third installment from Form CT-400 .....	<b>24b.</b>	
<b>24c</b> Fourth installment from Form CT-400 .....	<b>24c.</b>	
<b>25</b> Payment with extension request (from Form CT-5, line 5) .....	<b>25.</b>	
<b>26</b> Overpayment credited 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? ..... Yes  No   
 (if Yes, list years) \_\_\_\_\_

<b>Third – party designee</b>	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) .... Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/>		
	Designee's name	Designee's phone number ( )	Personal identification number (PIN) .....

**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	Signature of individual preparing this return	Firm's name (or yours if self-employed)	
	Address	City	State ZIP code ID number Date

Attach a copy of your complete federal return and a copy of your *New York Captive Insurance Company Annual Statement* as filed with the New York State Insurance Department.

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, ONE COMMERCE PLAZA, ALBANY NY 12257**

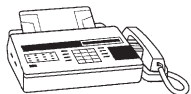
**Private delivery services**

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](http://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.