



CT-33-D

(8/06)

Amended return

Staple forms here
New York State Department of Taxation and Finance

Tax on Premiums Paid or Payable To an Unauthorized Insurer

Tax Law — Article 33-A

Employer identification number or social security number of insured	Term of insurance policy effective or renewed	
	from	to
Name of insured	Telephone number ()	For Tax Department use only
Number and street or PO box		
City State ZIP code		

Type of organization (mark an X in one box)

Corporation Partnership Individual Other:

A. Pay amount shown on line 10. Make check payable to: Commissioner of Taxation and Finance . Include on the check your identification number, Form CT-33-D , and the calendar quarter for which you are reporting.	Payment enclosed	
	A.	

Part 1 — Tax computation

1	Premiums paid or payable on risks located entirely within New York State	1.	
2a	Premiums paid or payable on risks located within and outside New York State	2a.	
2b	Allocated portion of premiums from line 2a (see instructions)	2b.	
3	Total taxable premiums (add lines 1 and 2b)	3.	
4	Tax rate of 3.6%	4.	0.036
5	Tax due (multiply line 3 by line 4)	5.	
6	Prepayment	6.	
7	Balance (if line 5 is greater than line 6, subtract line 6 from line 5)	7.	
8	Interest on late payment	8.	
9	Penalties	9.	
10	Total payment due (add lines 7, 8, and 9 and enter here; enter the payment amount on line A above)	10.	
11	Overpayment (if line 5 is less than line 6, subtract line 5 from line 6) Credit to next period <input type="checkbox"/> Refund <input type="checkbox"/>	11.	

Part 2 — Insurer information (attach additional sheets if necessary)

Name of insurance company	Broker's name	Broker's telephone number ()
Number and street or PO box of insurance company		
City	State	ZIP code

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)	Telephone number ()
	Address City State ZIP code	ID number	Date

See instructions for where to file.

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