



CT-33-NL

Staple forms here

New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law — Article 33

All filers must enter tax period:

Amended return

beginning ending

Employer identification number (EIN)	File number	Business telephone number ()	<input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation			Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)
City State ZIP code			Date of incorporation	
NAICS business code number (see instructions)	If address above is new, mark an X in the 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 from our Web site, or by fax or phone. See <i>Need help?</i> in the instructions.		Audit (for Tax Department use only)
Principal business activity				

Metropolitan transportation business tax (MTA surcharge) — During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? Mark an **X** in the appropriate box. If **Yes**, you must file Form CT-33-M (see instructions) Yes No

A. Pay amount shown on line 15. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
	A. <input type="checkbox"/>

B. Federal return filed: (mark an **X** in one box)

Form 1120-L • Form 1120-PC • Consolidated basis • Other: _____ •

Have you been audited by the Internal Revenue Service in the past 5 years? Yes • No •

If **Yes**, list years: _____

Enter primary corporation name and EIN (if a member of an affiliated federal group):

Name	EIN
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Enter parent corporation name and EIN (if more than 50% owned by another corporation):

Name	EIN
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Attach a copy of your *Annual Report of Premiums and Exhibit of Premiums and Losses* (New York) as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement*: *Exhibit of Premiums Written*, Schedule T; Schedule F, *Reinsurance*, Parts 1 and 3; and *Underwriting and Investment Exhibit*, Part 2B - *Premiums Written*.

Schedule B — Computation of reinsurance allocation percentage (see instructions)

25	New York taxable premiums	• 25.			
26	New York ocean marine premiums.....	• 26.			
27	New York premiums for annuity contracts and insurance for the elderly ...	• 27.			
28	New York premiums on reinsurance assumed (see instructions)	• 28.			
29	Total New York gross premiums (add lines 25 through 28)	• 29.			
30	New York premiums ceded that are included on line 29	• 30.			
31	Total New York premiums (subtract line 30 from line 29)	• 31.			
32	Total premiums.....	• 32.			
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)	• 33.			%

Schedule C — Computation of taxable premiums (see instructions)

34	Accident and health insurance premiums (enter here and in the first box on line 1)	34.		
35	Other non-life insurance premiums (enter here and in the first box on line 2)	35.		

Schedule D — Computation of issuer's allocation percentage (see instructions)

36	New York gross direct premiums	• 36.		
37	Total gross direct premiums	• 37.		
38	Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)	• 38.		%

Composition of prepayments (see instructions)

		Date paid	Amount
39	Mandatory first installment.....	39.	
40	Second installment from Form CT-400.....	40.	
41	Third installment from Form CT-400	41.	
42	Fourth installment from Form CT-400	42.	
43	Payment with extension request from Form CT-5, line 5.....	43.	
44	Overpayment credited from prior years	44.	
45	Overpayment credited from Form CT-33-M <input type="text" value="Period"/>	45.	
46	Total prepayments (add lines 39 through 45; enter here and on line 10).....	46.	

Summary of tax credits claimed against current year's franchise tax (see instructions; attach applicable credit forms)

Fire insurance premiums tax credit (enter amount claimed)	<input type="text"/>	Form CT-601.1 ZEA wage tax credit	<input type="text"/>
Form CT-33-R Retaliatory tax credits	<input type="text"/>	Form CT-602 EZ capital tax credit	<input type="text"/>
Form CT-33.1 CAPCO credit	<input type="text"/>	Form CT-604 QEZE tax reduction credit	<input type="text"/>
Form CT-41 Credit for employment of persons with disabilities	<input type="text"/>	Form CT-606 QEZE credit for real property taxes ...	<input type="text"/>
Form CT-43 Special additional mortgage recording tax credit	<input type="text"/>	Form CT-611 Brownfield redevelopment tax credit ...	<input type="text"/>
Form CT-44 Investment tax credit for the financial services industry	<input type="text"/>	Form CT-612 Remediated brownfield credit for real property taxes	<input type="text"/>
Form CT-249 Long-term care insurance credit	<input type="text"/>	Form CT-613 Environmental remediation insurance credit	<input type="text"/>
Form CT-250 Defibrillator credit	<input type="text"/>	Form CT-631 Security officer training tax credit	<input type="text"/>
Form CT-259 Fuel cell electric generating equipment credit	<input type="text"/>	Form DTF-624 Low-income housing credit	<input type="text"/>
Form CT-601 EZ wage tax credit	<input type="text"/>	Form DTF-630 Green building credit	<input type="text"/>
		Other credits	<input type="text"/>

47 Total tax credits claimed above (enter here and on line 6) ● **47.**

48 Total tax credits claimed above that are refund eligible (see instructions) ● **48.**

Third – party designee	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) <input type="text"/>

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

See instructions for where to file.