



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return Tax Law - Article 33

Staple forms here

All filers must enter tax period:

Amended return

beginning

ending

Main form section with 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, and Audit.

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 payable to: New York State Corporation Tax. Attach your payment here.

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 3 rows for tax due: 9. Tax due based upon premiums, 10. Minimum tax (5,000.00), 11. Tax due (greater of 9 or 10).

First installment of estimated tax for next period:

Table with 10 rows for installment calculation: 12a. Extension amount, 12b. 25% of line 11, 13. Total, 14. Total prepayments, 15. Balance, 16. Estimated tax underpayment penalty, 17. Interest on late payment, 18. Late filing penalties, 19. Balance due, 20. Overpayment, 21. Amount of overpayment, 22. Refund of overpayment.

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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? Yes No
 (if Yes, list years) _____

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)

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.

See instructions for where to file.