



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 fields including 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 section.

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: 9. Tax due based upon premiums, 10. Minimum tax (5,000 00), 11. Tax due (greater of line 9 or 10).

First installment of estimated tax for next period:

Table with 10 rows (12a-22) for installment calculations: 12a/b. Extension request, 13. Total, 14. Total prepayments, 15. Balance, 16. Estimated tax penalty, 17. Interest on late payment, 18. Late filing penalties, 19. Balance due, 20. Overpayment, 21. Amount of overpayment, 22. Refund.

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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 (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Date

Paid preparer use only	Firm's name (or yours if self-employed)		ID number
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return		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.