



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:

beginning [] ending []

Amended return []

Employer identification number (EIN), 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, Audit (for Tax Department use only)

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. []

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 []

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

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)	•			Form CT-602.....	•		
Form CT-33-R.....	•			Form CT-604.....	•		
Form CT-33.1.....	•			Form CT-606.....	•		
Form CT-41.....	•			Form CT-611	•		
Form CT-43	•			Form CT-611.1	•		
Form CT-44	•			Form CT-612	•		
Form CT-249.....	•			Form CT-613.....	•		
Form CT-250.....	•			Form CT-631	•		
Form CT-259.....	•			Form DTF-624	•		
Form CT-601.....	•			Form DTF-630	•		
Form CT-601.1.....	•			Other credits	•		
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.			

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply.

Final federal determination If marked, enter date of determination: • _____ - _____

Federal return filed: Form 1139 • Amended Form 1120-L • Amended Form 1120-PC •

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

See instructions for where to file.