



CT-33-C

Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

Amended return

beginning

ending

Employer identification number (EIN) <input type="text"/>		File number <input type="text"/>	Business telephone number () <input type="text"/>	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	Foreign corporations: date began business in NYS	
NAICS business code number (from NYS Pub 910)	If address/phone above is new, mark an X in the box <input type="checkbox"/>		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.		Audit (for Tax Department use only)
NYS principal business activity					

Federal return was filed on (mark an X in one): 1120-L 1120-PC Consolidated Other:

A. Pay amount shown on line 19. 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="text"/>

Computation of tax and installment payments of estimated tax (see instructions)

Tax on New York State gross direct premiums (see instr.)

1	First \$20,000,000 of gross direct premiums.....	<input type="text"/>	x .004	•	1	<input type="text"/>
2	\$20,000,001-\$40,000,000 of gross direct premiums	<input type="text"/>	x .003	•	2	<input type="text"/>
3	\$40,000,001-\$60,000,000 of gross direct premiums	<input type="text"/>	x .002	•	3	<input type="text"/>
4	Excess of \$60,000,000 of gross direct premiums	<input type="text"/>	x .00075	•	4	<input type="text"/>

Tax on New York State reinsurance premiums (see instr.)

5	First \$20,000,000 of reinsurance premiums	<input type="text"/>	x .00225	•	5	<input type="text"/>
6	\$20,000,001-\$40,000,000 of reinsurance premiums	<input type="text"/>	x .0015	•	6	<input type="text"/>
7	\$40,000,001-\$60,000,000 of reinsurance premiums	<input type="text"/>	x .0005	•	7	<input type="text"/>
8	Excess of \$60,000,000 of reinsurance premiums	<input type="text"/>	x .00025	•	8	<input type="text"/>

Computation of tax and estimated tax due

9	Tax due based upon premiums (add lines 1 through 8)	•	9	<input type="text"/>
10	Minimum tax.....		10	5,000 00
11	Tax due (enter the greater of line 9 or 10)	■	11	<input type="text"/>

First installment of estimated tax for next period:

12a	If you filed a request for extension, enter amount from Form CT-5, line 2.....	•	12a	<input type="text"/>
12b	If you did not file Form CT-5, see instructions	■	12b	<input type="text"/>
13	Total (add line 11 and line 12a or 12b)	■	13	<input type="text"/>
14	Total prepayments from line 27	•	14	<input type="text"/>
15	Balance (if line 14 is less than line 13, subtract line 14 from line 13)	■	15	<input type="text"/>
16	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	16	<input type="text"/>
17	Interest on late payment (see instructions)	•	17	<input type="text"/>
18	Late filing and late payment penalties (see instructions)	•	18	<input type="text"/>
19	Balance due (add lines 15 through 18 and enter here; enter the payment amount on line A above)	■	19	<input type="text"/>
20	Overpayment (if line 13 is less than line 14, subtract line 13 from line 14)	•	20	<input type="text"/>
21	Amount of overpayment to be credited to next period	■	21	<input type="text"/>
22	Refund of overpayment (subtract line 21 from line 20)	■	22	<input type="text"/>

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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	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number ()	Date
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City State ZIP code
	E-mail address of individual preparing this return	Preparer's NYTPRIN or	Excl. code 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 Department of Financial Services.

See instructions for where to file.

