



CT-33-NL

Department of Taxation and Finance

Non-Life Insurance Corporation
Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

Amended return ☐Final return ☐beginning ending

Employer identification number (EIN)		File number	Business telephone number ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>	
Legal name of corporation			Trade name/DBA		
Mailing address			State or country of incorporation		
Care of (c/o)					
Number and street or PO Box			Date of incorporation	Foreign corporations: date began business in NYS	
City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)		For office use only
NAICS business code number (from NYS Pub 910)		If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.			
NYS 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

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 **C. Did you include a disregarded entity in this return? (mark an X in the appropriate box) Yes ☐ No ☐**

If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

Legal name of disregarded entity 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 Department of Financial Services, 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 1B - *Premiums Written*.

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Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

A	B	C	D
Name of ceding company	Reinsurance premiums received	Reinsurance allocation % <i>(see instr.)</i>	Reinsurance premiums allocated to New York State <i>(column B × column C)</i>
Totals from attached sheet			
24 Total (add column D amounts; enter here and include on line 28)			24



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

25	New York premiums (see instructions)	•	25				
26	New York ocean marine premiums (see instructions)	•	26				
27	New York premiums for annuity contracts and insurance for the elderly (see instr.)	•	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 (see instructions).	•	30				
31	Total New York premiums (subtract line 30 from line 29)	•	31				
32	Total premiums (see instructions)	•	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 from Form CT-300 (see instructions)	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 (see instructions)	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)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)
Yes
No

Fire insurance premiums tax credit (enter amount claimed)		Form CT-652	
Form CT-33-R		Form DTF-624	
Form CT-33.1		Other credits	
Form CT-33.2			
Form CT-41			
Form CT-43			
Form CT-44			
Form CT-238			
Form CT-249			
Form CT-250			
Form CT-607			
Form CT-611			
Form CT-611.1			
Form CT-611.2			
Form CT-612			
Form CT-613			
Form CT-631			
Form CT-633			
Form CT-634			
Form CT-643			
Form CT-651			

47 Total tax credits claimed above (enter here and on line 6; see instructions)	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 and attach documentation.

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 email 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	
	Email 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
	Email address of individual preparing this return			Preparer's NYTPRIN	or	Excl. code

See instructions for where to file.

