



CT-33

Department of Taxation and Finance

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				

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see instructions).....

Yes ☐No ☐

A. Pay amount shown on line 21. 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) **Attach a complete copy of your federal return.**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

D. Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes • ☐ No • ☐E. If this corporation is an unauthorized insurance corporation, mark an X in the box • ☐

Attach a copy of your complete federal return, 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*: *Assets; Liabilities, Surplus and Other Funds*; the *Summary by Country* portion of Schedule D; the *Exhibit of Premiums Written, Schedule T*; and *Reinsurance Assumed*, Part 1 of Schedule S.

See page 7 for third-party designee, certification, and signature entry areas.

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

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Schedule B: Calculation of allocation percentage (if you do not claim an allocation, enter **100** on line 45; see instructions)

31	New York premiums (see instructions)	•	31			
32	New York ocean marine premiums (see instructions)	•	32			
33	New York premiums for annuity contracts and insurance for the elderly (see instr.)	•	33			
34	New York premiums on reinsurance assumed (see instructions)	•	34			
35	Total New York gross premiums (add lines 31 through 34)	•	35			
36	New York premiums ceded that are included on line 35 (see instructions)	•	36			
37	Total New York premiums (subtract line 36 from line 35)	•	37			
38	Total premiums (see instructions)	•	38			
39	New York premium percentage (divide line 37 by line 38; enter here and on line 29)	•	39			%
40	Weighted New York premium percentage (multiply line 39 by nine)	•	40			%
41	New York wages, salaries, personal service compensation, and commissions (see instructions)	•	41			
42	Total wages, salaries, personal service compensation, and commissions (see instructions)	•	42			
43	New York payroll percentage (divide line 41 by line 42)	•	43			%
44	Total New York percentages (add lines 40 and 43)	•	44			%
45	Allocation percentage (divide line 44 by ten; if line 39 or 43 is zero, see instructions)	•	45			%

Schedule C: Calculation and allocation of subsidiary capital (attach separate sheets displaying the information formatted as below if necessary)

A – Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation, complete columns B through G on the corresponding lines below; see instructions)

Item	Name	EIN
A		
B		
C		
D		
E		
F		
G		
H		

A Item	B % of voting stock owned	C Average fair market value	D Average value of current liabilities attributable to subsidiary capital (see instr.)	E Net average fair market value (column C - column D)	F Allocation % (see instr.)	G Value allocated to New York State (column E x column F)
A						
B						
C						
D						
E						
F						
G						
H						
Totals from attached sheet.....						
46	Totals (add amounts in columns C, D, and E) • 46					
47	Allocated subsidiary capital (add column G amounts; enter here and in the first box on line 5)					• 47

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	A Beginning of year	B End of year	C Average fair market value basis
48 Total assets from annual statement (balance sheet)			48
49 Fair market value adjustment (attach calculation; if negative amount, use a minus (-) sign)			49
50 Nonadmitted assets from annual statement (see instr.)			50
51 Total assets (add lines 48, 49, and 50)			51
52 Current liabilities (see instructions)			52
53 Total capital (subtract line 52 from line 51)			53
54 Subsidiary capital from line 46, column E			54
55 Business and investment capital (subtract line 54 from line 53)			55
56 Assets, excluding subsidiary assets included on line 54, held as reserves under NYS Insurance Law sections 1303, 1304, and 1305 (use same method to value assets as on line 51; see instr.)	Beginning of year	End of year	56
57 Adjusted business and investment capital (subtract line 56 from line 55)			57
58 Allocated business and investment capital (multiply line 57 by the allocation percentage from line 45; enter here and in the first box on line 2)			58

A Description of property <i>(attach separate sheet if necessary)</i>	B Cost <i>(see instructions)</i>	C – Fair market price or value on January 1, 1974	D Value realized on disposition <i>(see instructions)</i>	E New York gain or loss <i>(see instructions)</i>	F Federal gain or loss <i>(see instructions)</i>
Totals from attached sheet					
59 Totals <i>(add amounts in columns E and F)</i>			59		
60 New York adjustment <i>(subtract line 59, column F, from line 59, column E; enter here and on line 66; use a minus (-) sign for negative amounts)</i>				60	

A Name and address (give actual residence; attach separate sheet if necessary)		B Social Security number	C Official title	D Salary and all other compensation received from corporation
Totals from attached sheet				
61 Totals (add column D amounts)				61

Schedule G: Calculation and allocation of ENI

62 Federal taxable income before net operating loss (NOL) deduction (<i>see instructions</i>)	•	62	
Additions			
63 Dividends-received and other special deductions (<i>used to calculate line 62</i>)	•	63	
64 Dividend or interest income not included in line 62 (<i>attach list; see instructions</i>)	•	64	
65 Interest to stockholders: <input type="text"/> less the greater of 10% of the interest or \$1,000 (<i>see instr.</i>)	•	65	
66 Adjustment for gains or losses on disposition of property acquired before January 1, 1974 (<i>from line 60</i>)	•	66	
67 Deductions attributable to subsidiary capital (<i>attach list; see instructions</i>)	•	67	
68 New York State franchise tax deducted on federal return (<i>attach list; see instructions</i>)	•	68	
69a Amount deducted on your federal return as a result of a safe harbor lease (<i>see instructions</i>)	•	69a	
69b Amount that would have been required to be included on your federal return except for a safe harbor lease (<i>see instructions</i>)	•	69b	
70 Total amount of federal depreciation from Form CT-399 (<i>see instructions</i>)	•	70	
71 Other additions (<i>from Form CT-225; see instructions</i>)	•	71	
72 Total (<i>add lines 62 through 71</i>)	•	72	
Subtractions			
73 Income from subsidiary capital (<i>attach list; see instructions</i>)	•	73	
74 Fifty percent of dividends from nonsubsidiary corporations (<i>attach list; see instructions</i>)	•	74	
75 Gain on installment sales made before January 1, 1974 (<i>attach list; see instructions</i>)	•	75	
76 New York NOL deduction (<i>attach statement showing calculation; see instructions</i>)	•	76	
77a Amount included on your federal return as a result of a safe harbor lease (<i>see instructions</i>)	•	77a	
77b Amount that could have been deducted on your federal return except for a safe harbor lease (<i>see instr.</i>)	•	77b	
78 Total amount of New York depreciation allowed under Article 33 section 1503(b) from Form CT-399 (<i>see instructions</i>)	•	78	
79 Other subtractions (<i>from Form CT-225; see instructions</i>)	•	79	
80 Total subtractions (<i>add lines 73 through 79</i>)	•	80	
81 ENI (<i>subtract line 80 from line 72</i>)	•	81	
82 Allocated ENI (<i>multiply line 81 by line 45; enter here and in the first box on line 1</i>)	•	82	

Schedule H: Calculation of premiums subject to tax under section 1510 and the limitations under section 1505
(*see instructions*)**Life insurance companies**

83 Life insurance premiums	•	83	
84 Accident and health insurance premiums	•	84	
85 Other insurance premiums (<i>attach list</i>)	•	85	
86 Total premiums subject to tax under section 1510 and the floor limitation under section 1505(b) (<i>add lines 83, 84, and 85, enter here and in the first box on lines 6 and 8</i>)	•	86	
87 Insurance corporations who receive more than 95% of their premiums from annuity contracts, ocean marine insurance, and group insurance on the elderly (<i>see instructions</i>)	•	87	
88 Total premiums subject to the limitation under section 1505(a)(2) (<i>add lines 86 and 87,</i> <i>enter total here and in the first box on line 10</i>)	•	88	

Schedule I

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90	
91	

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Schedule J: Composition of prepayments (see instructions)

	Date paid	Amount
92 Mandatory first installment from Form CT-300 (see instructions)	92	
93 Second installment from Form CT-400	93	
94 Third installment from Form CT-400	94	
95 Fourth installment from Form CT-400	95	
96 Payment with extension request from Form CT-5, line 5	96	
97 Overpayment credited from prior years (see instructions)	97	
98 Overpayment credited from Form CT-33-M <div>Period</div>	98	
99 Total prepayments (add lines 92 through 98; enter here and on line 16)	99	

Summary of tax credits claimed against current year's franchise tax (see instructions for lines 12 and 101)

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 ☐

100

Tax credits (file appropriate form or statement for each credit claimed with this form)

Fire insurance premiums tax credit.....

Form CT-33-R....	Form CT-249....	Form CT-631
Form CT-33.1 ...	Form CT-250 ...	Form CT-633
Form CT-33.2 ...	Form CT-607 ...	Form CT-634
Form CT-41 ...	Form CT-611 ...	Form CT-643
Form CT-43 ...	Form CT-611.1 ..	Form CT-651
Form CT-44 ...	Form CT-611.2 ..	Form CT-652
Form CT-238 ..	Form CT-612 ...	Form DTF-624 ..
	Form CT-613 ...	Other credits

101 Total tax credits claimed above (enter here and on line 12) 101

102 Total tax credits claimed above that are refund eligible (see instructions) 102

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: - -

NOL carryback..... Capital loss carryback

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

Net operating loss (NOL) information

New York State NOL carryover total available for use this tax year from all prior tax years	
Federal NOL carryover total available for use this tax year from all prior tax years	
New York State NOL carryforward total for future tax years	
Federal NOL carryforward total for future tax years	

Third – party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number ()
	Designee's email address		PIN <input type="text"/>

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 <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i>	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 Date

See instructions for where to file.

