

Captive Insurance Company
Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

beginning

LIAB_PRD_BEG_DT

ending

LIAB_PRD_END_DT

Amended return

AMND_RTN_IND

Employer identification number (EIN)

EXT_TP_ID

File number

FCC_CD / CHECK_DIGIT

Business telephone number

()

TP_PHONE_NMBR

If you claim an
overpayment, mark
an X in the box

OVPMT_IND

Legal name of corporation

LEGAL_NAME

Trade name/DBA

BUS_TRADE_NAME

Mailing address

State or country of incorporation

Care of (c/o)

MAILING_NAME

STATE_INCORP_NAME

Number and street or PO Box

MAIL_LN_1_ADR

MAIL_LN_2_ADR

Date of incorporation

INCORP_DATE

Foreign corporations: date began business in NYS

FRGN_BBNY_DATE

City

U.S. state/Canadian province

ZIP/Postal code

Country (if not United States)

For office use only

MAIL_CITY_ADR

MAIL_STATE_ADR

MAIL_ZIP_5_ADR

MAIL_ZIP_4_ADR

MAIL_CNTRY_CD

NAICS business code number (from NYS Pub 910)

NAICS_CODE

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.

NYS principal business activity

PRIN_BUS_ACTY_DESC

DCMT_RCVD_DT

FED1120_L_IND

FED1120_PC_IND

FEDCONS_IND

FED_OTH_IND

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

OTH_FED_RTN_DESC

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

REMIT_AMT

PYMNT_AMT

Calculation of tax (see instructions)

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

1	First \$20,000,000 of gross direct premiums.....	•	GDP_0_20_AMT	×	0.004	•	1	TX_GDP_0_20_AMT	
2	\$20,000,001-\$40,000,000 of gross direct premiums	•	GDP_20_40_AMT	×	0.003	•	2	TX_GDP_20_40_AMT	
3	\$40,000,001-\$60,000,000 of gross direct premiums	•	GDP_40_60_AMT	×	0.002	•	3	TX_GDP_40_60_AMT	
4	Excess of \$60,000,000 of gross direct premiums	•	GDP_60_XS_AMT	×	0.00075	•	4	TX_GDP_60_XS_AMT	

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

5	First \$20,000,000 of reinsurance premiums	•	RIP_0_20_AMT	×	0.00225	•	5	TX_RIP_0_20_AMT	
6	\$20,000,001-\$40,000,000 of reinsurance premiums	•	RIP_20_40_AMT	×	0.0015	•	6	TX_RIP_20_40_AMT	
7	\$40,000,001-\$60,000,000 of reinsurance premiums	•	RIP_40_60_AMT	×	0.0005	•	7	TX_RIP_40_60_AMT	
8	Excess of \$60,000,000 of reinsurance premiums	•	RIP_60_XS_AMT	×	0.00025	•	8	TX_RIP_60_XS_AMT	

Calculation of tax

9	Tax due based upon premiums (add lines 1 through 8)	•	9	PREM_TX_DUE_AMT	
10	Minimum tax.....		10	5,000 00	
11	Tax due (enter the greater of line 9 or 10)	•	11	TX_DUE_AMT	

12a

12b

13

14	Total prepayments from line 27	•	14	PREPAY_AMT	
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15a	Balance (see instructions)	•	15a	BALANCE_AMT	
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15b	Additional amount (see instructions)	•	15b	ADD_MFI_AMT	
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15c	Total before penalties and interest (see instructions)	•	15c	INCR_BAL_AMT	
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16	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • ☐ CT222_IND	•	16	PENALTY_AMT	
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17	Interest on late payment (see instructions)	•	17	INT_LATE_PAY_AMT	
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18	Late filing and late payment penalties (see instructions)	•	18	LATE_FIL_AMT	
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19	Balance due (add lines 15c through 18 and enter here; enter the payment amount on line A above)	•	19	BAL_DUE_AMT	
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20a	Overpayment (if line 11 is less than line 14, subtract line 11 from line 14)	•	20a	XS_PREPAY_AMT	
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20b	Amount of overpayment previously credited to 2027 MFI (see instructions)	•	20b	PR_CR_MFI_AMT	
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20c	Balance of overpayment available (see instructions)	•	20c	OVPMT_AMT	
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21	Amount of overpayment to be credited to next period	•	21	CR_2_NXT_PRD_AMT	
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22	Refund of overpayment (subtract line 21 from line 20c)	•	22	RFND_AMT	
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BAR_ID_CODE

431001260099



Composition of prepayments on line 14 (see instructions)

	Date paid	Amount
23 Mandatory first installment from Form CT-300 (see instructions)	23 INSTALL_A_MTA_DT	INSTALL_A_MTA_AMT
24a Second installment from Form CT-400	24a INSTALL_B_MTA_DT	INSTALL_B_MTA_AMT
24b Third installment from Form CT-400	24b INSTALL_C_MTA_DT	INSTALL_C_MTA_AMT
24c Fourth installment from Form CT-400	24c INSTALL_D_MTA_DT	INSTALL_D_MTA_AMT
25 Payment with extension request (from Form CT-5, line 5)	25 EXTN_PYMT_DT	REQ_EXTN_PYMT_AMT
26 Overpayment credited from prior years (see instructions)	26 OVPMT_PRR_AMT	
27 Total prepayments (add lines 23 through 26; enter here and on line 14)	27 Same as Line 14	

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)	THRD_PRTY_DSGN_IND	Designee's name (print) THRD_PRTY_NAME	Designee's phone number () THRD_PRTY_PH_NMBR
	Yes ☐ No ☐	Designee's email address THRDPRTY_EMAIL_ADR	PIN THRD_PRTY_PIN_NMBR

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 AUTHOFGR_FRST_NAME AUTHOFGR_LAST_NAME	Signature of authorized person	Official title AUTHOFGR_TTLE_DESC
	Email address of authorized person TP_EMAIL_ADR	Telephone number () AUTH_PH_NMBR	Date AUTH_OFGR_SGN_DT
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) FIRM_NAME	Firm's EIN PAID_PREPARER_ID	Preparer's PTIN or SSN PREP_SSN_NMBR
	Signature of individual preparing this return	Address PREP_LN_1_ADR PREP_LN_2_ADR	City PREP_CTY_ADR
	Email address of individual preparing this return PP_EMAIL_ADR	Preparer's NYTPRIN or TX_PREP_RGST_ID	State PREP_ST_ADR
		Excl. code EXCL_CD	ZIP code PREP_ZIP_5_ADR
		Date PREP_SIGN_DT	

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.

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