



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 ☐ AMND_RTN_IND
 Final return ☐ FINAL_CHK_BOX_IND

 beginning LIAB_PRD_BEG_DT ending LIAB_PRD_END_DT

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 Care of (c/o) MAILING_NAME			State or country of incorporation 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 MAIL_CITY_ADR	U.S. state/Canadian province MAIL_STATE_ADR	ZIP/Postal code MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR	Country (if not United States) MAIL_CNTRY_CD		For office use only DCMT_RCVD_DT
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 <i>Business information</i> in Form CT-1.			
NYS Principal business activity PRIN_BUS_ACTY_DESC					

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 ☐ MTA_IND 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

 REMIT_AMT PYMNT_AMT
B. Federal return filed: (mark an **X in one box)**

 Form 1120-L • ☐ Form 1120-PC • ☐ Consolidated basis • ☐ Other: OTH_FED_RTN_DESC • ☐ FED_RTN_FIL_IND

 Have you been audited by the Internal Revenue Service in the past 5 years? Yes • ☐ No • ☐ AUDITED_IND

 If Yes, list years: IRS_AUD_YRS

 Enter primary corporation name and EIN
(if a member of an affiliated federal group):

 Name
 PRIM_CORP_NAME

 EIN
 PRIM_CORP_EIN_ID

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

 Name
 P_CORP_NAME

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

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



CT33NLDISENT

Legal name of disregarded entity

 NAME

EIN

 EIN_ID

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*.



Calculation of tax

1	Accident and health insurance premiums from line 34 (see instr.) •	ACCHLTH_PREM_AMT × 0.0175	•	1	TX_ON_ACCHLTH_AMT	
2	Other non-life insurance company premiums from line 35 (see instr.) •	OTH_PREM_AMT × 0.02	•	2	TX_ON_OTH_AMT	
3	Total tax on premiums (add lines 1 and 2)		•	3	TX_DUE_B4_LMT_AMT	
4	Minimum tax.....			4		250 00
5	Tax due before credits (line 3 or line 4 amount, whichever is greater)		•	5	TX_DUE_B4_CR_AMT	
6	Tax credits (enter amount from line 47)		•	6	TOT_TX_CR_AMT	
7	Tax due (subtract line 6 from line 5)		•	7	TX_DUE_AMT	
8a						
8b						
9						
10	Total prepayments from line 46		•	10	PREPAY_AMT	
11a	Balance (see instructions)		•	11a	BALANCE_AMT	
11b	Additional amount (see instructions).....		•	11b	ADD_MFL_AMT	
11c	Total before penalties and interest (see instructions).....		•	11c	INCR_BAL_AMT	
12	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • ☐ CT222_IND		•	12	PENALTY_AMT	
13	Interest on late payment (see instructions)		•	13	INT_LATE_PAY_AMT	
14	Late filing and late payment penalties (see instructions)		•	14	LATE_FIL_AMT	
15	Balance due (add lines 11c through 14 and enter here; enter the payment amount on line A on page 1) ...		•	15	BAL_DUE_AMT	
16a	Overpayment (if line 7 is less than line 10, subtract line 7 from line 10)		•	16a	XS_PREPAY_AMT	
16b	Amount of overpayment previously credited to 2027 MFI (see instructions)		•	16b	PR_CR_MFL_AMT	
16c	Balance of overpayment available (see instructions).....		•	16c	OVPMT_AMT	
17	Amount of overpayment to be credited to next period		•	17	CR_2_NXT_PRD_AMT	
18	Balance of overpayment (subtract line 17 from line 16c)		•	18	BAL_OVERPAY_AMT	
19	Amount of overpayment to be credited to Form CT-33-M.....		•	19	OVERPAY_CR_MTA_AMT	
20	Refund of overpayment (subtract line 19 from line 18)		•	20	RFND_AMT	
21a	Refund of tax credits (see instructions)		•	21a	RFND_TX_CR_AMT	
21b	Tax credits to be credited as an overpayment to next year's return (see instructions)		•	21b	TX_CR_OP_NXT_AMT	
22	Issuer's allocation percentage (from line 38)		•	22	ISS_ALLOC_PCT	%
23	Reinsurance allocation percentage (from line 33)		•	23	REIN_ALLOC_PCT	%

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 % (see instr.)	Reinsurance premiums allocated to New York State (column B × column C)
CT33NLALLOCREINPREM					
allocRein					
NAME		RIP_RCVD_AMT		REIN_ALLOC_PCT	RIP_ALLOC_AMT
Totals from attached sheet					
24 Total (add column D amounts; enter here and include on line 28)				24	TOT_REIN_PREM_AMT

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

25	New York premiums (see instructions)	•	25	NYS_TXBL_PREM_AMT		
26	New York ocean marine premiums (see instructions)	•	26	NYS_OCN_PREM_AMT		
27	New York premiums for annuity contracts and insurance for the elderly (see instr.)	•	27	NYS_PREM_ANNTY_AMT		
28	New York premiums on reinsurance assumed (see instructions)	•	28	NYS_PREM_REIN_AMT		
29	Total New York gross premiums (add lines 25 through 28)	•	29	NYS_GROSS_PREM_AMT		
30	New York premiums ceded that are included on line 29 (see instructions).	•	30	NYS_PREM_CEDED_AMT		
31	Total New York premiums (subtract line 30 from line 29)	•	31	PREM_NYS_AMT		
32	Total premiums (see instructions)	•	32	PREM_ALL_AMT		
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)	•	33	PREM_PCT		%

Schedule C – Calculation of taxable premiums (see instructions)

34	Accident and health insurance premiums (enter here and in the first box on line 1)	34	Same as Line 1		
35	Other non-life insurance premiums (enter here and in the first box on line 2)	35	Same as Line 2		

Schedule D – Calculation of issuer's allocation percentage (see instructions)

36	New York gross direct premiums	•	36	NYS_DIR_PREM_AMT		
37	Total gross direct premiums	•	37	TOT_DIR_PREM_AMT		
38	Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)	•	38	S_ISS_ALLOC_PCT		%

Composition of prepayments (see instructions)

		Date paid	Amount	
39	Mandatory first installment from Form CT-300 (see instructions)	39	INSTALL_A_DT	REQ_INSTALL_A_AMT
40	Second installment from Form CT-400	40	INSTALL_B_DT	REQ_INSTALL_B_AMT
41	Third installment from Form CT-400	41	INSTALL_C_DT	REQ_INSTALL_C_AMT
42	Fourth installment from Form CT-400	42	INSTALL_D_DT	REQ_INSTALL_D_AMT
43	Payment with extension request from Form CT-5, line 5	43	EXTN_PYMT_DT	REQ_EXTN_PYMT_AMT
44	Overpayment credited from prior years (see instructions)	44	OVPMT_PRR_AMT	
45	Overpayment credited from Form CT-33-M Period CRD_FRM_PRD_DATE	45	PREPAY_CR_AMT	
46	Total prepayments (add lines 39 through 45; enter here and on line 10)	46	Same as Line 10	

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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)

	FIRE_PREM_CR_IND	FIRE_PREM_CR_AMT
Form CT-33-R	CT33_R_IND	CT33_R_AMT
Form CT-33.1	CT33_1_IND	CT33_1_AMT
Form CT-33.2	CT33_2_IND	CT33_2_AMT
Form CT-41	CT41_IND	CT41_AMT
Form CT-43	CT43_IND	CT43_AMT
Form CT-44	CT44_IND	CT44_AMT
Form CT-238	CT238_IND	CT238_AMT
Form CT-249	CT249_IND	CT249_AMT
Form CT-250	CT250_IND	CT250_AMT
Form CT-607	CT607_IND	CT607_AMT
Form CT-611	CT611_IND	CT611_AMT
Form CT-611.1	CT611_1_IND	CT611_1_AMT
Form CT-611.2	CT611_2_IND	CT611_2_AMT
Form CT-612	CT612_IND	CT612_AMT
Form CT-613	CT613_IND	CT613_AMT
Form CT-631	CT631_IND	CT631_AMT
Form CT-633	CT633_IND	CT633_AMT
Form CT-634	CT634_IND	CT634_AMT
Form CT-643	CT643_IND	CT643_AMT
Form CT-651	CT651_IND	CT651_AMT

Form CT-652	CT652_IND	CT652_AMT
Form DTF-624	DTF624_IND	DTF624_AMT
Other credits	OTH_CR_IND	OTH_CR_AMT

47 Total tax credits claimed above (enter here and on line 6; see instructions)	47	TOT_CR_ALL_AMT
48 Total tax credits claimed above that are refund eligible (see instructions)	48	TOT_TX_CR_RFND_AMT

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: • FINAL_FED_DATE -

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

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 THRD_PRTY_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 AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME		Signature of authorized person		Official title AUTHOFCR_TITL_DESC	
	Email address of authorized person TP_EMAIL_ADR		Telephone number () AUTH_PH_NMBR		Date AUTH_OFCR_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 TX_PREP_RGST_ID		State PREP_ST_ADR	
			or EXCL_CD		Date PREP_SIGN_DT	

See instructions for where to file.

