



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law - Article 33

2001 calendar-yr. filers, check box:

Other filers enter tax period:

beginning

ending

Employer identification number		File number	Check box if overpayment claimed <input type="checkbox"/>	For office use only
Legal name of corporation		Trade name/DBA		
Mailing name and address	Mailing name (if different from legal name) and address		State or country of incorporation	Date received
	c/o		Date of incorporation	Audit use
	Number and street or PO box		Foreign corporations: date began business in NYS	
	City	State	ZIP code	
If address above is new, check box (see instructions) <input type="checkbox"/>		If your name, employer identification number, address, or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help?</i> section on the back.		Business telephone number ()
NAICS business code number (see instructions)		Principal business activity		

Federal return was filed on: 1120-L 1120-PC Consolidated Other: _____

A. Payment — pay amount shown on line 19. Make check payable to: New York State Corporation Tax	Payment enclosed
↓Attach your payment here.	

Computation of tax and installment payments of estimated tax

Tax on New York State gross direct premiums:

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

Tax on New York State reinsurance premiums:

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

Computation of tax and estimated tax due:

9	Tax due based upon premiums (add lines 1 through 8)	9	
10	Minimum tax	10	5,000 00
11	Tax due (enter the greater of line 9 or 10)	11	
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	
12b	If you did not file Form CT-5, enter 25% (.25) of line 11	12b	
13	Total (add line 11 and line 12a or 12b)	13	
14	Total prepayments from line 27	14	
15	Balance (if line 14 is less than line 13, subtract line 14 from line 13)	15	
16	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	16	
17	Interest on late payment (see instructions)	17	
18	Late filing and late payment penalties (see instructions)	18	
19	Balance due (add lines 15 through 18; enter payment on line A above)	19	
20	Overpayment (if line 13 is less than line 14, subtract line 13 from line 14)	20	
21	Amount of overpayment to be credited to next period	21	
22	Refund of overpayment (subtract line 21 from line 20)	22	

Continued on the back

Composition of prepayments on line 14

	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? (if Yes list years) Yes No

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of elected officer or authorized person		Official title	Date
Paid preparer use only	Firm's name (or yours if self-employed)	ID number	Date
	Address	Signature of individual preparing this return	

Attach a copy of your complete federal return, a copy of your *Annual Report of Premiums* as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement: Balance Sheet, the Analysis of Assets Exhibit, and the Summary by Country* portion of *Schedule D*.

Mail returns to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**

Also mail a copy to: **THE NEW YORK STATE INSURANCE DEPARTMENT, AGENCY BUILDING 1, EMPIRE STATE PLAZA, ALBANY NY 12257**

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, you cannot use the date recorded by a private delivery service **unless** you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need help?* below for information on ordering forms and publications.) If you use **any** private delivery service, whether it is a designated service or not, address your return to: **State Processing Center, 431C Broadway, Albany NY 12204-4836**.

Need help?



Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

For business tax information, call the New York State Business Tax Information Center: 1 800 972-1233

For general information: 1 800 225-5829

To order forms and publications: 1 800 462-8100

From areas outside the U.S. and outside Canada: (518) 485-6800



Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676



Internet access: www.tax.state.ny.us



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (TDD), check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 225-5829.



If you need to write, address your letter to:
 NYS TAX DEPARTMENT
 TAXPAYER ASSISTANCE BUREAU
 W A HARRIMAN CAMPUS
 ALBANY NY 12227