



CT-33-NL

Staple forms here

New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law - Article 33

All filers must enter tax period:

beginning [ ] ending [ ]

Amended return [ ]

Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, Foreign corporations, NAICS business code number, Principal business activity, Audit

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 [ ]

Attach a copy of your Annual Report of Premiums and Exhibit of Premiums and Losses (New York) as filed with the New York State Insurance Department, 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 2B - Premiums Written.

**Computation of tax and installment payments of estimated tax** *(see instructions)*

|   |         |   |             |               |
|---|---------|---|-------------|---------------|
| <b>1</b> Accident and health insurance premiums from line 34..... ●   | × .0175 | ● | <b>1.</b>   |               |
| <b>2</b> Other non-life insurance company premiums from line 35.. ●   | × .02   | ● | <b>2.</b>   |               |
| <b>3</b> Total tax on premiums <i>(add lines 1 and 2)</i> .....   |         | ● | <b>3.</b>   |               |
| <b>4</b> Minimum tax .....  |         |   | <b>4.</b>   | <b>250 00</b> |
| <b>5</b> Tax due before credits <i>(line 3 or line 4 amount, whichever is greater)</i> .....  |         | ● | <b>5.</b>   |               |
| <b>6</b> Tax credits <i>(enter amount from line 47)</i> .....   |         | ● | <b>6.</b>   |               |
| <b>7</b> Tax due <i>(subtract line 6 from line 5)</i> .....   |         | ■ | <b>7.</b>   |               |
| <b>First installment of estimated tax for next period:</b>  |         |   |             |               |
| <b>8a</b> If you filed a request for extension, enter amount from Form CT-5, line 2 .....   |         | ● | <b>8a.</b>  |               |
| <b>8b</b> If you did not file Form CT-5 and line 7 is over \$1,000, see instructions .....  |         | ■ | <b>8b.</b>  |               |
| <b>9</b> Total <i>(add line 7 and line 8a or 8b)</i> .....  |         | ● | <b>9.</b>   |               |
| <b>10</b> Total prepayments from line 46.....   |         | ● | <b>10.</b>  |               |
| <b>11</b> Balance <i>(if line 10 is less than line 9, subtract line 10 from line 9)</i> .....   |         | ■ | <b>11.</b>  |               |
| <b>12</b> Estimated tax penalty <i>(see instructions; mark an X in the box if Form CT-222 is attached)</i> ● <input type="checkbox"/> ..... |         | ● | <b>12.</b>  |               |
| <b>13</b> Interest on late payment <i>(see instructions)</i> .....  |         | ● | <b>13.</b>  |               |
| <b>14</b> Late filing and late payment penalties <i>(see instructions)</i> .....  |         | ● | <b>14.</b>  |               |
| <b>15</b> <b>Balance due</b> <i>(add lines 11 through 14 and enter here; enter the payment amount on line A on page 1)</i> .....            |         | ■ | <b>15.</b>  |               |
| <b>16</b> <b>Overpayment</b> <i>(if line 9 is less than line 10, subtract line 9 from line 10)</i> .....                                    |         | ● | <b>16.</b>  |               |
| <b>17</b> Amount of overpayment to be credited to next period .....   |         | ■ | <b>17.</b>  |               |
| <b>18</b> Balance of overpayment <i>(subtract line 17 from line 16)</i> .....   |         | ● | <b>18.</b>  |               |
| <b>19</b> Amount of overpayment to be credited to Form CT-33-M .....  |         | ● | <b>19.</b>  |               |
| <b>20</b> Refund of overpayment <i>(subtract line 19 from line 18)</i> .....  |         | ■ | <b>20.</b>  |               |
| <b>21a</b> Refund of tax credits <i>(see instructions)</i> .....  |         | ■ | <b>21a.</b> |               |
| <b>21b</b> Tax credits to be credited as an overpayment to next year's return <i>(see instructions)</i> .....                               |         | ■ | <b>21b.</b> |               |
| <b>22</b> Issuer's allocation percentage from line 38 .....   |         | ● | <b>22.</b>  | %             |
| <b>23</b> Reinsurance allocation percentage from line 33.....   |         | ● | <b>23.</b>  | %             |

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

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

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

|    |  |       |  |  |   |
|----|--|-------|--|--|---|
| 25 | New York taxable premiums.....   | • 25. |  |  |   |
| 26 | New York ocean marine premiums.....  | • 26. |  |  |   |
| 27 | New York premiums for annuity contracts and insurance for the elderly .                        | • 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 .....                                     | • 30. |  |  |   |
| 31 | Total New York premiums (subtract line 30 from line 29) .....                                  | • 31. |  |  |   |
| 32 | Total premiums .....   | • 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 .....  | 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.....                                       | 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)

|   |   |  |                     |   |            |
|---|---|--|---------------------|---|------------|
| Fire insurance premiums tax credit<br>(enter amount claimed) .....                          | • |  | Form CT-602.....    | • |            |
| Form CT-33-R.....   | • |  | Form CT-604.....    | • |            |
| Form CT-33.1.....   | • |  | Form CT-606.....    | • |            |
| Form CT-41.....   | • |  | Form CT-611 .....   | • |            |
| Form CT-43 .....  | • |  | Form CT-611.1 ..... | • |            |
| Form CT-44 .....  | • |  | Form CT-612 .....   | • |            |
| Form CT-249.....  | • |  | Form CT-613.....    | • |            |
| Form CT-250.....  | • |  | Form CT-631 .....   | • |            |
| Form CT-259.....  | • |  | Form DTF-624 .....  | • |            |
| Form CT-601.....  | • |  | Form DTF-630.....   | • |            |
| Form CT-601.1.....  | • |  | Other credits ..... | • |            |
| <b>47</b> Total tax credits claimed above (enter here and on line 6) .....                  |   |  | •                   |   | <b>47.</b> |
| <b>48</b> Total tax credits claimed above that are refund eligible (see instructions) ..... |   |  | •                   |   | <b>48.</b> |

**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 •

|  |  |                         |                                |
|--|--|-------------------------|--------------------------------|
| <b>Third – party designee</b><br><i>(see instructions)</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) | Designee's phone number<br>( ) |
|  | Designee's e-mail address                                |                         | PIN [ ][ ][ ][ ][ ][ ]         |

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

|  |  |         |                    |                        |          |
|--|--|---------|--------------------|------------------------|----------|
| <b>Authorized person</b>                             | Signature of authorized person                     |         | Official title     |                        |          |
|  | E-mail address of authorized person                |         |                    | Date                   |          |
| <b>Paid preparer use only</b><br><i>(see instr.)</i> | 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 |
|  | E-mail address of individual preparing this return |         | Preparer's NYTPRIN | Date                   |          |

See instructions for where to file.