

**CT-33-C**

New York State Department of Taxation and Finance

**Captive Insurance Company
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 ()	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation			Trade name/DBA	
Mailing name (if different from legal name above) c/o Number and street or PO box			State or country of incorporation	Date received (for Tax Department use only)
City			State	ZIP code
NAICS business code number (from NYS Pub 910)			Date of incorporation	
NYS principal business activity			Foreign corporations: date began business in NYS	
If address/phone above is new, mark an X in the box <input type="checkbox"/>			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.	
Audit (for Tax Department use only)				

Federal return was filed on (mark an X in one): 1120-L ☐ 1120-PC ☐ Consolidated ☐ Other: ☐**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**Computation of tax and installment payments of estimated tax (see instructions)****Tax on New York State gross direct premiums (see instr.)**

1	First \$20,000,000 of gross direct premiums	•		×	.004	•	1	
2	\$20,000,001-\$40,000,000 of gross direct premiums	•		×	.003	•	2	
3	\$40,000,001-\$60,000,000 of gross direct premiums	•		×	.002	•	3	
4	Excess of \$60,000,000 of gross direct premiums	•		×	.00075	•	4	

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

5	First \$20,000,000 of reinsurance premiums	•		×	.00225	•	5	
6	\$20,000,001-\$40,000,000 of reinsurance premiums	•		×	.0015	•	6	
7	\$40,000,001-\$60,000,000 of reinsurance premiums	•		×	.0005	•	7	
8	Excess of \$60,000,000 of reinsurance premiums.....	•		×	.00025	•	8	

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, see instructions	■	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	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	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 and enter here; enter the payment amount 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	

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Composition of prepayments on line 14 (see instructions)

		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? Yes ☐ No ☐
 (if Yes, list years) _____

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

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person		Telephone number ()		Date	
Paid preparer use only (see instr.)	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

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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