



CT-33

New York State Department of Taxation and Finance

Insurance Corporation 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, Legal name of corporation, Trade name/DBA, Mailing name and address, State or country of incorporation, Date of incorporation, Foreign corporations: date began business in NYS, Business telephone number, NAICS business code number, Principal business activity

Are you a member of a NYS combined group? [] Yes [] No If Yes, enter parent's EIN: [] Check box if you are a life insurance company. []

Do you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see instructions). [] Yes [] No

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

A. Payment - pay amount shown on line 21. Make check payable to: New York State Corporation Tax Payment enclosed

Table with 4 columns: Line number, Description, Multiplier, and Amount. Includes lines 1-9c for tax calculations.

Table for lines 10a-13: Compute limitation on either line 10a or 10b. Do not use both. Includes lines 10a, 10b, 11, 12, 13.

Table for lines 14a-29: First installment of estimated tax for next period. Includes lines 14a, 14b, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29.

Computation of tax and installment payments of estimated tax

Taxpayer's name	Employer identification number
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Schedule E — Computation of adjustment for gains or losses on disposition of property acquired before January 1, 1974 (You may no longer report gain or loss in the same manner you report it on your federal income tax return.)

A Description of property <i>(attach separate sheet if necessary)</i>	B Cost	C Fair market price or value on Jan. 1, 1974	D Value realized on disposition	E New York gain (loss)	F Federal gain (loss)
Totals from attached sheet					
59 Totals					
60 New York adjustment (subtract line 59, column F, from line 59, column E; enter here and on line 66; use parentheses for negative amounts)					

Schedule F — Officers (appointed or elected) and certain stockholders (Include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation.)

A Name and address <i>(give actual residence; attach separate sheet if necessary)</i>	B Social security number	C Official title	D Salary and all other compensation received from corporation
Totals from attached sheet			
61 Totals (add column D amounts)			61 ●

Schedule G – Computation and allocation of entire net income (see instructions for explanation of lines 62 through 86)

62 Federal taxable income before net operating loss or operations loss (see instructions)	62 ●
Additions	
63 Dividends-received deduction (used to compute line 62)	63 ●
64 Dividend or interest income not included in line 62 (attach list)	64 ●
65 Interest to stockholders: <input type="text"/> less 10% or \$1,000, whichever is larger	65 ●
66 Adjustment for gains or losses on disposition of property acquired before January 1, 1974 (from line 60)	66 ●
67 Deductions attributable to subsidiary capital (attach list)	67 ●
68 New York State franchise tax deducted on federal return (attach list)	68 ●
69a Amount deducted on your federal return as a result of a safe harbor lease	69a ●
69b Amount which would have been required to be included on your federal return except for a safe harbor lease ...	69b ●
70 ACRS or MACRS deductions used in the computation of federal taxable income (see instructions)	70 ●
Property and casualty insurance adjustments:	
71 Amount deducted from federal gross income on Form 1120-PC, under IRC section 847(1)	71 ●
72 Unearned premiums at the end of the preceding tax year excluded from premiums earned as a result of the reduction in the deduction for unearned premiums (see instructions)	72 ●
73 Amount of difference between unpaid losses and discounted unpaid losses at the end of the preceding tax year (attach separate sheet; see instructions)	73 ●
74 Other additions (attach explanation on separate sheet)	74 ●
75 Total (add lines 62 through 74)	75 ●

(continued on page 4)

Schedule G – Computation and allocation of entire net income (continued) (see instructions for explanation of lines 62 through 86)

Subtractions			
76	Interest, dividends, and capital gains from subsidiary capital (attach list)	76	●
77	50% of dividends, from nonsubsidiary corporations (attach list)	77	●
78	Gain on installment sales made before January 1, 1974 (attach list)	78	●
79	New York net operating loss or operations loss (attach statement showing computation)	79	●
80a	Amount included on your federal return as a result of a safe harbor lease	80a	●
80b	Amount which could have been deducted on your federal return except for a safe harbor lease	80b	●
81	Depreciation allowed by section 1503(b)(10) (see instructions)	81	●
Property and casualty insurance adjustments:			
82	Amount included in federal gross income on Form 1120-PC, under IRC sections 847(5) and 847(6) ..	82	●
83	Unearned premiums at the end of the tax year included in premiums earned as a result of the reduction in the deduction for unearned premiums (see instructions)	83	●
84	Amount of the difference between unpaid losses and discounted unpaid losses at the end of the tax year (attach separate sheet; see instructions)	84	●
85	Reduction in deduction for losses incurred (see instructions)	85	●
86	Other subtractions (attach explanation on separate sheet)	86	●
87	Total subtractions (add lines 76 through 86)	87	●
88	Entire net income (subtract line 87 from line 75)	88	●
89	Allocated entire net income (multiply line 88 by line 45; enter here and in the first box on line 1)	89	

Schedule H — Computation of premiums		A Premiums taxable under section 1510	B Premiums included in tax limitation computation — section 1505
Life insurance companies			
90	Life insurance premiums	90 ●	●
91	Accident and health insurance premiums	91 ●	●
92	Other insurance premiums (attach list)	92 ●	●
93	Total (add lines 90, 91, and 92, column A; enter here and on line 6)	93 ●	
Nonlife insurance companies			
94	Accident and health insurance premiums (enter column A amount on line 7)	94 ●	●
95	Other insurance premiums (enter column A amount on line 8)	95 ●	●
See instructions before making entries below.			
Insurance corporations who receive more than 95% of their premiums from:			
96	Annuity contracts	96 ●	●
97	Ocean marine insurance	97 ●	●
98	Group insurance on the elderly (Insurance Law, section 4236)	98 ●	●
99	Total (add lines 90 through 98, column B; enter amount here and on line 10a or line 10b, whichever is applicable)	99	

Schedule I — Computation of retaliatory tax credit

Part 1 — Computation of retaliatory tax credit for corporations organized or domiciled in New York State (section 1511(c))

For tax years before 1999, attach separate computation.		A 1999	B 2000	C 2001
100	Tax less credits (except for retaliatory tax credit)	100		
101	Retaliatory tax credit claimed in 1999 and 2000 ...	101		
102	Balance (subtract line 101 from line 100)	102		
103	90% of retaliatory taxes paid in 2001 on 1999 premiums and income (total of line 101, column A, plus line 103 may not exceed line 100, column A)	103 ●		
104	90% of the retaliatory taxes paid in 2001 on 2000 premiums and income (total of line 101, column B, plus line 104 may not exceed line 100, column B) ...	104 ●		
105	90% of retaliatory taxes paid in 2001 on 2001 premiums and income (total may not exceed line 100, column C)	105 ●		
106	Total section 1511(c) retaliatory tax credit claimed this year (add lines 103, column A, 104, column B, and 105, column C) ...	106 ●		

Taxpayer's name	Employer identification number
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Schedule I — Computation of retaliatory tax credit

Part 2 — Computation of section 1511(i) retaliatory tax credit for corporation organized or domiciled in New York State relating to assessments imposed under Public Health Law section 2807-t

For tax years before 1999, attach separate computation.	A 1999	B 2000	C 2001
107 Amount of assessment paid under Public Health Law section 2807-t	107		
108 Tax less credits (except for section 1511(i) retaliatory credit)	108		
109 Section 1511(i) retaliatory credit previously claimed in 1999 and 2000	109		
110 Balance (subtract line 109 from line 108)	110		
111 90% of retaliatory taxes paid to other states in 2001 because of 1999 2807-t assessments (may not exceed lower of line 107, column A, or line 110, column A)	111 •		
112 90% of retaliatory taxes paid to other states in 2001 because of 2000 2807-t assessments (may not exceed lower of line 107, column B, or line 110, column B)		112 •	
113 90% of retaliatory taxes paid to other states in 2001 because of 2001 2807-t assessments (may not exceed lower of line 107, column C, or line 108, column C)			113 •
114 Section 1511(i) retaliatory tax credit claimed this year (add lines 111, column A, 112, column B, and 113, column C) ..			114 •

Part 3 — Computation of total retaliatory tax credits claimed and amount to be credited as an overpayment and/or refunded

115 Total retaliatory tax credits claimed this year (add lines 106 and 114)	115 •	
116 Retaliatory tax credits from line 115 used on line 12 (see instructions)	116 •	
117 Balance of retaliatory tax credits (subtract line 116 from line 115)	117 •	
118 Retaliatory tax credits carried over from previous years (see instructions)	118 •	
119 Total retaliatory tax credits that may be applied as an overpayment or refunded (add lines 117 and 118) ...	119 •	
120 Amount of retaliatory tax credits to be credited as an overpayment (include on line 130b)	120 •	
121 Amount of retaliatory tax credits to be refunded (subtract line 120 from line 119 and include on line 27)	121 •	

Schedule J — Computation of issuer's allocation percentage

122 New York gross direct premiums	122 •	
123 Total gross direct premiums	123 •	
124 Issuer's allocation percentage (divide line 122 by line 123; enter here and on line 28)	124 ■	%

Schedule K — Composition of prepayments

		Date paid	Amount
125 Mandatory first installment	125		
126a Second installment from Form CT-400	126a		
126b Third installment from Form CT-400	126b		
126c Fourth installment from Form CT-400	126c		
127 Payment with extension request, from Form CT-5, line 5	127		
128a Tax credits credited as an overpayment from prior years		128a	
128b Overpayment credited from prior years		128b	
129 Overpayment credited from Form CT-33-M <input type="text" value="Period"/>		129	
130a Total prepayments (add lines 125 through 129; enter here and on line 16)		130a	
130b Tax credits to be credited as an overpayment to next year's return (see instructions)		130b	

Schedule L — Computation of CAPCO credit allowed, credit carryover, and credit recapture

131	Enter the amount of CAPCO credit allocated by the Superintendent of Insurance for the current tax year	131	•	
132	Credit limitation (10% per year)	132		.10
133	Credit allowed for current tax year (<i>multiply line 131 by line 132</i>)	133	•	
134	Unused CAPCO credit from previous tax years	134	•	
135	Total CAPCO credit available in current tax year (<i>add lines 133 and 134</i>)	135	•	
136a	Tax after application of all other credits listed on line 12	136a		
136b	Minimum tax	136b		250 00
136c	Tax against which credit may be applied (<i>subtract line 136b from line 136a; if line 136b is greater than line 136a, enter "0"</i>)	136c		
137	CAPCO credit used to reduce tax in current year (<i>enter line 135 or line 136c amount, whichever is less; include in line 12</i>)	137	•	
138	Unused CAPCO credit available (<i>subtract line 137 from line 135</i>)	138	•	
139	Recapture of CAPCO credit taken in previous years (<i>see instructions</i>)	139	•	
140	Net CAPCO credit available for carry forward (<i>subtract line 139 from line 138; see instructions</i>)	140	•	

Recap of tax credits claimed against current year's franchise tax return (*see instructions for lines 9b, 12, 141, and 142*)

EZ and ZEA tax credits (*attach appropriate form for each credit claimed*)

Form CT-601 EZ wage tax credit	<input type="text"/>	Form CT-601.1 ZEA wage tax credit	<input type="text"/>	Form CT-602 EZ capital tax credit	<input type="text"/>
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141 Total EZ and ZEA tax credits claimed that are used to reduce the tax due on line 9c; amount can not reduce the tax to less than the minimum tax (<i>enter here and on line 9b</i>)	141	•	
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Tax credits (*attach appropriate form or statement for each credit claimed*)

Fire insurance premiums tax credit (<i>enter amount claimed</i>)	<input type="text"/>	Form CT-43, Special additional mortgage recording tax credit	<input type="text"/>
Retaliatory tax credits (<i>enter amount from Form CT-33, line 116</i>)	<input type="text"/>	CAPCO credit (<i>Enter amount from Form CT-33, line 137</i>)	<input type="text"/>
Form CT-250 Defibrillator credit	<input type="text"/>	Form DTF-624 Low-income housing credit	<input type="text"/>
Form CT-604 QEZE credit for real property taxes	<input type="text"/>	Form DTF-630 Green building credit	<input type="text"/>
Form CT-604 QEZE tax reduction credit	<input type="text"/>	Other credits	<input type="text"/>
Form CT-41, Credit for employment of persons with disabilities	<input type="text"/>		

142 Total tax credits claimed above that are used to reduce the tax due on line 13; do not include EZ and ZEA tax credits claimed (<i>enter here and on line 12</i>)	142	•	
143 Total tax credits claimed above that are refund eligible (<i>add line 116 and amount from Form CT-604, line 23</i>) ...	143	•	

Taxpayer's name	Employer identification number
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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 <i>(if a member of an affiliated federal group):</i>	Name	EIN
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Enter parent corporation name and EIN <i>(if more than 50% owned by another corporation):</i>	Name	EIN
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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 <i>(or yours if self-employed)</i>	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?* on page 7 of the instructions 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.**

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