



CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Amended return checkbox

Tax Law - Article 33

2002 calendar-yr. filers, check box: Other filers enter tax period: beginning ending

Main form with fields: 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, Business telephone number, NAICS business code number, Principal business activity.

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

Payment section: A. Payment - pay amount shown on line 19. Make check payable to: New York State Corporation Tax

Computation of tax and installment payments of estimated tax

Tax on New York State gross direct premiums:

Table with 4 rows for gross direct premiums and their respective tax rates.

Tax on New York State reinsurance premiums:

Table with 4 rows for reinsurance premiums and their respective tax rates.

Computation of tax and estimated tax due:

Table with 11 rows for tax due, minimum tax, and installment calculations, ending with balance due and overpayment.

Continued on the back

**Composition of prepayments on line 14**

	Date paid	Amount
<b>23</b> Mandatory first installment .....	<b>23.</b>	
<b>24a</b> Second installment from Form CT-400 .....	<b>24a.</b>	
<b>24b</b> Third installment from Form CT-400 .....	<b>24b.</b>	
<b>24c</b> Fourth installment from Form CT-400 .....	<b>24c.</b>	
<b>25</b> Payment with extension request (from Form CT-5, line 5) .....	<b>25.</b>	
<b>26</b> Overpayment credited from prior years .....	<b>26.</b>	
<b>27</b> Total prepayments (add lines 23 through 26; enter here and on line 14) .....	<b>27.</b>	

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*: *Schedule T*, and either *Schedule F* or *Schedule S*.

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 and pay tax. However, if, at a later date, you need to establish the date you filed your return or paid your tax, 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?**



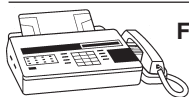
**Telephone assistance** is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday.

**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](http://www.tax.state.ny.us)



**Hotline for the hearing and speech impaired:**

1 800 634-2110 from 8 a.m. to 5:55 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 CONTACT CENTER  
W A HARRIMAN CAMPUS  
ALBANY NY 12227