Staple forms here

CT-33-C

New York State Department of Taxation and Finance

Captive Insurance Company Franchise Tax Return

Tax Law – Article 33

2006

All filers must enter tax period:

Amended return ☐ beginning ____ ending ____

Employer identification number	File number	Business telephone number	If you claim an overpayment, mark an **X** in the box
		( )	☐

Legal name of corporation	Trade name/DBA

Mailing name *(if different from legal name above)*	State or country of incorporation	*Date received (for Tax Department use only)*
c/o		
Number and street or PO box	Date of incorporation	
City / State / ZIP code	Foreign corporations: date began business in NYS	

NAICS business code number *(see instructions)*	If address above is new, mark an **X** in the box	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 from our Web site, by phone, or by fax. See *Need help?* in the instructions.	*Audit (for Tax Department use only)*
Principal business activity			

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

Tax on New York State gross direct premiums

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

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, 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	Estimated tax underpayment penalty *(mark an **X** in the box if Form CT-222 is attached)* ☐	**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	Do you want to allow another person to discuss this return with the Tax Dept? *(see instructions)* **Yes** ☐ *(complete the following)* **No** ☐		
	Designee's name	Designee's phone number ( )	Personal identification number (PIN)

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

Signature of authorized person	Official title	Date

Paid preparer use only	Signature of individual preparing this return	Firm's name *(or yours if self-employed)*				
	Address	City	State	ZIP code	ID number	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 Insurance Department.

See instructions for where to file.