



CT-33-D

Amended return

Staple forms here

New York State Department of Taxation and Finance

Tax on Premiums Paid or Payable To an Unauthorized Insurer

Tax Law — Article 33-A

Employer identification number or social security number of insured	Insurance policy number		
Name of insured	Term of insurance policy effective or renewed from _____ to _____	For Tax Department use only	
Number and street or PO box	Telephone number ()		
City	State		ZIP code

If premiums paid are an endorsement to the original policy, mark an **X** in the box Effective date of endorsement _____

Type of organization (mark an **X** in one box)

Corporation Partnership Individual Other:

A. Pay amount shown on line 10. Make payable to: Commissioner of Taxation and Finance. Include on the payment your identification number, Form CT-33-D , and the calendar quarter for which you are reporting. (See instructions for details.)	Payment enclosed	
	A.	

Part 1 — Tax computation

1	Premiums paid or payable on risks located entirely within New York State.....	1.	
2a	Premiums paid or payable on risks located within and outside New York State	2a.	
2b	Allocated portion of premiums from line 2a (see instructions)	2b.	
3	Total taxable premiums (add lines 1 and 2b)	3.	
4	Tax rate of 3.6%.....	4.	0.036
5	Tax due (multiply line 3 by line 4)	5.	
6	Prepayment.....	6.	
7	Balance (if line 5 is greater than line 6, subtract line 6 from line 5)	7.	
8	Interest on late payment	8.	
9	Penalties	9.	
10	Total payment due (add lines 7, 8, and 9 and enter here; enter the payment amount on line A above)	10.	
11	Overpayment (if line 5 is less than line 6, subtract line 5 from line 6) Credit to next period <input type="checkbox"/> Refund <input type="checkbox"/>	11.	

Part 2 — Insurer information (attach additional sheets if necessary)

Name of insurance company	Broker's name	Broker's telephone number ()
Number and street or PO box of insurance company		
City	State	ZIP code

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

Authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person		Date
Paid preparer use only	Firm's name (or yours if self-employed)		Telephone number ()
	Signature of individual preparing this return		ID number
	Address	City	State ZIP code
E-mail address of individual preparing this return			Date

See instructions for where to file.

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