



CT-33-D

(4/11)

Amended return

Staple forms here

New York State Department of Taxation and Finance

Tax on Premiums Paid or Payable To an Unauthorized Insurer

For Taxable Insurance Contracts with an Effective Date before July 21, 2011

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 the premiums paid are to an affiliated insurance company, provide the information requested below and mark an **X** in the box.....

Name of affiliated insurance company	EIN of affiliated insurance company
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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 taxable insurance contracts effective before July 21, 2011 , covering risks located entirely within New York State	1.	
2a Premiums paid or payable on taxable insurance contracts effective before July 21, 2011 , covering 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	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

See instructions for where to file.

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