



CT-33

Insurance Corporation Franchise Tax Return

Tax Law - Article 33

beginning ending

Employer identification number, File number, Taxpayer's business name, Business name at location below, Street or P O Box, City, State, ZIP code, Trade name, Business telephone number, Business activity code number, Check box if refund claimed, Principal business activity, State or country of incorporation, date, Foreign corporations: date began business in NYS, Federal return was filed on: 1120-L, 1120-PC, Consolidated, Other

Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? Have you been audited by the Internal Revenue Service in the past 5 years? Does this corporation have an interest in real property located in New York State? Has the controlling interest in the corporation's stock changed during the period covered in this return?

A. Payment - pay amount shown on line 23. Make check payable to: New York State Corporation Tax

Table with 31 rows for Computation of Tax and Installment Payments of Estimated Tax. Columns include description, multiplier, and amount. Line 4 shows 250.00. Line 11 shows Tax - Amount from line 9 or 10, whichever is less.

**Schedule A - Allocation of Reinsurance Premiums where Location of Risks Cannot Be Determined** (see instructions, Form CT-33-1).

A Name of Ceding Company <i>(Attach separate sheet if necessary.)</i>	B Reinsurance Premiums Received	C Reinsurance Allocation %	D Reinsurance Premiums Allocated to New York <i>(column B × column C)</i>
Totals from attached sheet			
32 Total <i>(add column D amounts)</i> Include on line 36			●

**Schedule B - Computation of Allocation Percentage.** If you do not claim an allocation, enter 100 on line 47. For explanation of lines 33 through 47, see page 2 of instructions

33 New York taxable premiums	33 ●		
34 New York ocean marine premiums	34 ●		
35 New York premiums on annuity contracts and on insurance for the elderly	35 ●		
36 New York premiums on reinsurance assumed from authorized companies	36 ●		
37 Total New York gross premiums <i>(add lines 33 through 36)</i>	37 ●		
38 New York premiums ceded that are included on line 37	38 ●		
39 Total New York premiums <i>(subtract line 38 from line 37)</i>	39 ●		
40 Total premiums	40 ●		
41 New York premium percentage <i>(divide line 39 by line 40; enter here and on line 31)</i>		41 ●	%
42 Weighted New York premium percentage <i>(multiply line 41 by nine)</i>		42 ●	%
43 New York wages, salaries, commissions and other compensation	43 ●		
44 Total wages, salaries, commissions and other compensation	44 ●		
45 New York payroll percentage <i>(divide line 43 by line 44)</i>		45 ●	%
46 Total New York percentages <i>(add lines 42 and 45)</i>		46 ●	%
47 Allocation percentage <i>(divide line 46 by ten. If line 42 or 45 is zero, see page 2 of instructions)</i>		47 ●	%

**Schedule C - Computation and Allocation of Subsidiary Capital**

A Description of Subsidiary Capital <i>List each corporation (Attach separate sheet if necessary.)</i>		B % of Voting Stock Owned	C Average Fair Market Value	D Current Liabilities Attributable to Subsidiary Capital	E Net Average Fair Market Value (col. C minus col. D)	F Issuer's Allocation %	G Value Allocated To New York State (col. E × col. F)
Totals from attached sheet							
48 Totals <i>(add amounts in columns C, D and E)</i>		●	●	●			
49 Allocated subsidiary capital <i>(add column G amounts - enter here and on line 5)</i>							●

**Schedule D - Computation and Allocation of Business and Investment Capital**

	A Beginning of Year		B End of Year		C Average Fair Market Value Basis	
50 Total assets from annual statement <i>(balance sheet)</i>	●		●		50 ●	
51 Fair market value adjustment <i>(attach computation - if negative amount, use parentheses)</i>					51 ●	
52 Non-admitted assets from annual statement					52 ●	
53 Total assets <i>(add lines 50, 51 and 52)</i>	●		●		53 ●	
54 Current liabilities					54 ●	
55 Total capital <i>(subtract line 54 from line 53)</i>					55 ●	
56 Subsidiary capital from line 48, column E					56 ●	
57 Business and investment capital <i>(subtract line 56 from line 55)</i>					57 ●	
58 Assets, excluding subsidiary assets included on line 56, held as reserves under NYS Insurance Law sections 1303, 1304 and 1305 <i>(value assets same as valued on line 53)</i>	Beginning of Year		End of Year			
					58 ●	
59 Adjusted business and investment capital <i>(subtract line 58 from line 57)</i>					59 ●	
60 Allocated business and investment capital <i>(multiply line 59 by the allocation percentage from line 47; enter here and on line 2)</i>					60	



**Schedule G - 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 (Give actual residence. Attach separate sheet if necessary.)	B Social Security Number	C Official Title	D Salary and all Other Compensation Received From Corporation
Totals from attached sheet			
93 Total (add column D amounts)			93 •

**Schedule H - Computation of Premiums**

	A Premiums Taxable Under Section 1510	B Premiums Included In Tax Limitation Computation - Section 1505
<b>Life insurance companies</b>		
94 Life insurance premiums	94 •	•
95 Accident and health insurance premiums	95 •	•
96 Other insurance premiums (attach list)	96 •	•
97 Total (add lines 94, 95 and 96, column A; enter here and on line 6)	97	
<b>Nonlife insurance companies</b>		
98 Accident and health insurance premiums (enter column A amount on line 7)	98	•
99 Other insurance premiums (enter column A amount on line 8)	99	•
See instructions before making entries below.		
<b>Insurance corporations who receive more than 95% of their premiums from:</b>		
100 Annuity contracts	100 •	•
101 Ocean marine insurance	101 •	•
102 Group insurance on the elderly (Insurance Law, section 4236)	102 •	•
103 Total (add lines 94 through 102, column B; enter amount here and on line 10)	103	

**Schedule I - Computation of Retaliatory Tax Credit for Corporations Organized or Domiciled in New York** - For tax years prior to 1992, attach separate computation.

	A 1992	B 1993	C 1994
104 Tax less credits (except for retaliatory tax credit)	104		
105 Retaliatory tax credit claimed in 1992 and 1993	105		
106 Balance (subtract line 105 from line 104)	106		
107 90% of retaliatory taxes paid in 1994 on 1992 premiums and income (total of line 105 and line 107 may not exceed line 104, column A)	107 •		
108 90% of the retaliatory taxes paid in 1994 on 1993 premiums and income (total of line 105 and line 108 may not exceed line 104, column B)		108 •	
109 90% of retaliatory taxes paid in 1994 on 1994 premiums and income (total may not exceed line 104, column C)			109 •
110 Total retaliatory tax credit claimed this year (add line 107, column A, line 108, column B and line 109, column C)			110 •
111 Retaliatory tax credit used on line 12 to reduce tax due on line 13 to zero			111 •
112 Balance of retaliatory tax credit (subtract line 111 from line 110)			112 •
113 Retaliatory tax credit to be carried forward (if you elect this option, enter the amount shown on line 112)			113 •
114 Retaliatory tax credit to be refunded (if you elect this option, enter the amount shown on line 112 here and on line 29)			114 •

**Schedule J - Computation of Issuer's Allocation Percentage**

115 New York gross direct premiums	115 •	
116 Total gross direct premiums	116 •	
117 Issuer's allocation percentage (divide line 115 by line 116; enter here and on line 30)	117	%

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
Firm's name (or yours if self-employed)	ID number	Date
Address	Signature of individual preparing this return	

Mail returns to: NYS CORPORATION TAX, PROCESSING UNIT, P O BOX 1909, ALBANY NY 12201-1909

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.