

**CT-33-D** 

New York State Department of Taxation and Finance

# Tax on Premiums Paid or Payable To an Unauthorized Insurer

Tax Law — Article 33-A

Emp	oloyer identification n	umber or social securit	y number	Enter the year a			_	which the		insurance contract April – June	_
				Year:	JOK CHECK OF W	as reflewed.		– Septemb		October – December	r
Nam	ne			Telephor	ne number		or office us			_	
Num	nber and street or PC	) box									
City		S	State		ZIP code						
Туре	of organization						,				
	Corpo	ration	Partnership	I Ind	dividual		Other:				_
<b>A.</b> F	Payment – pay amounclude on the check	unt shown on line 10. N your identification num	Make check pay nber, <i>Form CT</i> -	able to: <i>Commi</i> 33-D, and the ca	ssioner of Ta lendar quarte	axation and F r for which yo	Finance. u are repo	orting.	Pay	ment enclosed	7
1 2 3 4 5 6	Premiums paid or Total taxable pre Tax rate of 3.6% Tax due (multiply Prepayment Balance (if line 5.8)	or payable on risks local payable on risks lo	ated within and and 2)	outside New Y	ork State afte	er allocation (	(from line 1	3) 2 3 4 5 6		.036	
Part	Additional charge Total payment do Overpayment (if a III — Allocation	esue (add lines 7, 8, and line 5 is less than line 6 n (use only for prer	9; enter payme 5, subtract line 5 niums not ind	nt here and on ling from line 6)	ne A above) Credit to ne 1 above)	ext period	Refur	9 10 ad 11			_ _ _ _
13	Portion of premit State Insurance Regulations of the attach computation	or payable on risks low the payable on line 12 allocated and section 27. The State of New York of allocation)	ated to New Yo 9 of Title 11 o (see instruction	ork State under f the <i>Official Co</i> ns regarding allo	r section 910 compilation of cation; enter f	02(b) of the <i>I</i> Codes, Rule nere and on lir	New York es and ne 2;	1			
	t III — Insurer Ir of insurer who issued the					Telephone i	number			_	
Numb	er and street						( )				
City or town				State					ZIP code		
Cert	ification. I certify t	that this return and a	iny attachmen	ts are to the be	est of my kno	owledge and	belief tru	ue, correct	, and o	complete.	_
Date		Signature of elected offi	icer or authorized	person		Official title					_
Date	e Print or type name of paid individual		aid individual or firi	rm preparing this return Signature of individu			ndividual pre	al preparing this return			
Paid	preparer's ID number	Paid preparer's address	arer's address					Telephone number			

Mail your return to: NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038.

#### Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to file your return. However, if, at a later date, you need to establish the date you filed your return, 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?* on the back of this form 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.** 

## Instructions

### **General information**

The tax under Article 33-A is imposed on any individual, partnership, corporation, society, association, joint-stock company, estate, receiver, trustee, assignee, referee, and any other person acting in a fiduciary capacity, who purchases or renews a taxable insurance contract from an insurer not authorized to transact business in New York State under a certificate of authority from the Superintendent of Insurance. The tax rate is 3.6% of premiums paid or payable, minus returns thereon, on taxable insurance contracts when the risk is located or resident in New York State. and applies to all contracts purchased or renewed.

A taxable insurance contract includes contracts described in section 1113(a), paragraphs (4) through (14), (16), (17), (19), (20), and (22) of the New York State Insurance Law. This includes the following types of insurance: fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, fidelity and surety, motor vehicle and aircraft physical damage, marine and inland marine, credit, and residual value insurance. Premiums subject to tax include both (1) 100% of premiums paid or payable to unauthorized insurers when the risk is totally located or resident within New York State, and (2) an allocated portion of premiums, paid or payable to unauthorized insurers, when the risk is located or resident both within and outside New York State.

## **Exemptions**

The tax imposed by this article does not apply to:

- Any taxable insurance contract procured through a New York licensed excess line broker.
- Premiums received as consideration for reinsurance contracts.
- The government of the United States or any instrumentality thereof
- New York State and its political subdivisions.
- The United Nations and any other international organizations of which the United States is a member.
- Any foreign government.
- Any taxable insurance contract of the type described under the Insurance Law in section 2117(b), (c), and (d).

#### Claim for refund

File Form CT-8 for a refund if the insurance contract is canceled prior to the expiration of the insurance period and tax has been paid on the premium.

#### Due date

Any individual, partnership, corporation, society, association, joint-stock company, estate, receiver, trustee, assignee, referee, and any other person acting in a fiduciary capacity subject to Article 33-A is required to file this return within 60 days of the end of the calendar quarter during which the taxable insurance contract took effect or was renewed.

## Specific instructions

Whole dollar amounts — You may elect to show amounts in whole dollars rather than in dollars and cents. Round any amount from 50 cents through 99 cents to the next higher dollar, and round any amount less than 50 cents to the next lower dollar.

**Negative amounts** — Show any negative amounts in parentheses.

## Part I — Tax computation

Line 1 — Enter premiums paid or payable to an unauthorized insurer on risks located entirely within New York State.

**Line 2** — Enter the allocated portion of premiums from line 13.

Line 8 — If you do not pay the tax due on or before the original due date (without regard to any extension of time for filing), you must pay interest on the amount of underpayment from the original due date to the date paid.

Line 9 — Compute additional charges for late filing and late payment on the amount of tax required to be shown on the return, after deduction of any payment made on or before the due date (with regard to any extension of time for filing).

- A. If you do not file a return when due, add to the tax 5% per month up to 25% (section 1085(a)(1)(A)).
- If you do not file a return within 60 days of the due date, the addition to tax in item A above cannot be less than the smaller of \$100 or 100% of the amount required to be shown as tax (section 1085(a)(1)(B))
- C. If you do not pay the tax shown on a return, add to the tax ½% per month up to 25% (section 1085(a)(2)).
- The total of the additional charges in items A and C above may not exceed 5% for any one month except as provided for in item  $\vec{B}$  above (section 1085(a)).

If you think you are not liable for these additional charges, attach a statement to your return explaining reasonable cause for the delay in filing, payment, or both (section 1085).

Note: If you wish, we will compute the interest (line 8) and penalty (line 9) for you. Call the Business Tax Information Center at 1 800 972-1233.

#### Part II — Allocation

Line 12 — Enter total amount of premiums on risks located within and outside New York State.

**Line 13** — Determine the allocation of premiums under the principles used in the Official Compilation of Codes, Rules and Regulations of the State of New York, Title 11, Part 27, Appendix 4. Attach computation of allocation.

Some of the insurance contracts allocations explained in Appendix 4 are shown below. See Appendix 4 for a complete list of all insurance contract allocations.

anotations.	
Insurance contract	Allocation method
Real property	Insured value of structures in New York State
Personal property	Insured value of property permanently or principally situated in New York State
Fidelity, forgery, bankers blanket, and indemnity bonds	Number of insured employees in New York State
Performance and other surety bonds	Total bond value of contracts in New York State
Manufacturers and contractors liability	Payroll in New York State
Product liability	Number of units manufactured in New York State
Recreational liability	Amount of gate receipts in New York State
Aircraft or motor vehicle liability	Number of aircraft or motor vehicles principally garaged or hangared or principally used in New York State
Professional liability	Number of insureds in New York State
Environmental impairment	Number of units of exposure in New York State

Attach a statement showing your allocation. For additional information on allocation see the Official Compilation of Codes, Rules and Regulations of the State of New York, Title 11, Part 27, section 27.9 and Appendix 4; or TSB-M-90(9)C. Allocation by a different method may be acceptable (for example, product liability insurance may be allocated by receipts from sales of the product in New York State).



## Need help?

Telephone assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday.

Tax information: 1 800 972-1233 Forms and publications: 1 800 462-8100

From outside the U.S. and outside Canada: (518) 485-6800

Fax-on-demand forms: 1 800 748-3676 Internet access: http://www.tax.state.ny.us

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110 (8:30 a.m. to 4:25 p.m., eastern time)

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 Assistance Bureau, W A Harriman Campus, Albany NY 12227.