



CT-33-NL

New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

2003 calendar-year filers check box:

Amended return

Other filers enter tax period:

Tax Law – Article 33

beginning

ending

Employer identification number	File number	Business telephone number ()	If you claim an overpayment, check box <input type="checkbox"/>
Legal name of corporation	Trade name/DBA		
Mailing name (if different from legal name above) c/o Number and street or PO box	State or country of incorporation	Date received (for Tax Department use only)	
City	Date of incorporation		
State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (see instructions)	If address above is new, check box <input type="checkbox"/>	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 by fax, phone, or from our Web site. See the <i>Need help?</i> section in the instructions.	Audit (for Tax Department use only)
Principal business activity			

Metropolitan transportation business tax (MTA surcharge)

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see instructions) Yes No

Federal return was filed on: 1120-L 1120-PC Consolidated Other: _____

A. Payment — pay amount shown on line 15. Make check payable to: New York State Corporation Tax	Payment enclosed
Attach your payment here.	

Computation of tax and installment payments of estimated tax

1	Accident and health insurance premiums from line 34	.....	×	.0175	.....	●	1.	
2	Other non-life insurance company premiums from line 35	.....	×	.02	.....	●	2.	
3	Total tax on premiums (add lines 1 and 2)	.....	●	3.				
4	Minimum tax	.....					4.	250 00
5	Tax due before credits (line 3 or line 4 amount, whichever is greater)	.....	●	5.				
6	Tax credits (enter amount from line 49)	.....	■	6.				
7	Tax due (subtract line 6 from line 5; see instructions)	.....	■	7.				
8a	If you filed a request for extension, enter amount from Form CT-5, line 2	.....		8a.				
8b	If you did not file Form CT-5 and line 7 is over \$1,000, see instructions; otherwise enter "0"	.....		8b.				
9	Total (add line 7 and line 8a or 8b)	.....		9.				
10	Total prepayments from line 47	.....	■	10.				
11	Balance (if line 10 is less than line 9, subtract line 10 from line 9)	.....		11.				
12	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached <input type="checkbox"/> ; if none, enter "0")	.....	■	12.				
13	Interest on late payment (see instructions)	.....	■	13.				
14	Late filing and late payment penalties (see instructions)	.....	■	14.				
15	Balance due (add lines 11 through 14; enter payment on line A above)	.....	■	15.				
16	Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)	.....	■	16.				
17	Amount of overpayment to be credited to next period	.....	■	17.				
18	Balance of overpayment (subtract line 17 from line 16)	.....	■	18.				
19	Amount of overpayment to be credited to Form CT-33-M	.....	■	19.				
20	Refund of overpayment (subtract line 19 from line 18)	.....	■	20.				
21	Refund of tax credits (see instructions)	.....	■	21.				
22	Issuer's allocation percentage from line 38	.....		22.				%
23	Reinsurance allocation percentage from line 33	.....		23.				%

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

Schedule A — Allocation of reinsurance premiums when location of risks cannot be determined
 (see instructions; attach separate sheet if necessary)

A	B	C	D
Name of ceding company	Reinsurance premiums received	Reinsurance allocation %	Reinsurance premiums allocated to New York State <small>(column B × column C)</small>
Totals from attached sheet			
24 Total (add column D amounts; enter here and include on line 28)			

Schedule B — Computation of reinsurance allocation percentage (see instructions)

25	New York taxable premiums	• 25.			
26	New York ocean marine premiums	• 26.			
27	New York premiums for annuity contracts and for insurance for the elderly	• 27.			
28	New York premiums on reinsurance assumed (see instructions)	• 28.			
29	Total New York gross premiums (add lines 25 through 28)	• 29.			
30	New York premiums ceded that are included on line 29	• 30.			
31	Total New York premiums (subtract line 30 from line 29)	• 31.			
32	Total premiums	• 32.			
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)	• 33.			%

Schedule C — Computation of taxable premiums (see instructions)

34	Accident and health insurance premiums (enter here and in the first box on line 1)	34.		
35	Other non-life insurance premiums (enter here and in the first box on line 2)	35.		

Schedule D — Computation of issuer's allocation percentage (see instructions)

36	New York gross direct premiums	• 36.		
37	Total gross direct premiums	• 37.		
38	Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)	38.		%

Composition of prepayments (see instructions)

		Date paid	Amount
39	Mandatory first installment	39.	
40	Second installment from Form CT-400	40.	
41	Third installment from Form CT-400	41.	
42	Fourth installment from Form CT-400	42.	
43	Payment with extension request from Form CT-5, line 5	43.	
44	Tax credits credited as an overpayment from prior years	44.	
45	Overpayment credited from prior years	45.	
46	Overpayment credited from Form CT-33-M <input type="text" value="Period"/>	46.	
47	Total prepayments (add lines 39 through 46; enter here and on line 10)	47.	
48	Tax credits to be credited as an overpayment to next year's return (see instructions)	48.	

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

(continued)

Also mail a copy to: **NEW YORK STATE INSURANCE DEPARTMENT
 AGENCY BUILDING 1, EMPIRE STATE PLAZA
 ALBANY NY 12257**

Summary of tax credits claimed against current year's franchise tax return (see instructions)

Fire insurance premiums tax credit (enter amount claimed)	<input type="text"/>	Form CT-250 Defibrillator credit	<input type="text"/>
Form CT-33-R Retaliatory tax credits	<input type="text"/>	Form CT-601 EZ wage tax credit	<input type="text"/>
Form CT-33.1 CAPCO credit	<input type="text"/>	Form CT-601.1 ZEA wage tax credit	<input type="text"/>
Form CT-41 Credit for employment of persons with disabilities	<input type="text"/>	Form CT-602 EZ capital tax credit	<input type="text"/>
Form CT-43 Special additional mortgage recording tax credit	<input type="text"/>	Form CT-604 QEZE credit for real property taxes	<input type="text"/>
Form CT-44 Investment tax credit for the financial services industries	<input type="text"/>	Form CT-604 QEZE tax reduction credit	<input type="text"/>
Form CT-249 Long-term care insurance credit	<input type="text"/>	Form DTF-624 Low-income housing credit	<input type="text"/>
		Form DTF-630 Green building credit	<input type="text"/>
		Other credits	<input type="text"/>

49 Total tax credits claimed above (enter here and on line 6) **49.**

50 Total tax credits claimed above that are refund eligible (see instructions) **50.**

Have you been audited by the Internal Revenue Service in the past 5 years? • Yes • No

If Yes, list years: _____

Enter primary corporation name and EIN (if a member of an affiliated federal group):	<input type="text"/>	<input type="text"/>
Enter parent corporation name and EIN (if more than 50% owned by another corporation):	<input type="text"/>	<input type="text"/>

Attach a copy of your *Annual Report of Premiums and Exhibit of Premiums and Losses* (New York) as filed with the New York State Insurance Department, and copies of the following schedules from your *Annual Statement*: the *Exhibit of Premiums Written, Schedule T*; the *Schedule F, Reinsurance, Parts 1 and 3*; and the *Underwriting and Investment Exhibit, Part 2B - Premiums Written*.

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