



CT-33-NL

Staple forms here

New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law — Article 33

Amended return

All filers must enter tax period:

beginning ending

| | | | | |
|---|---|---|-----------------------------------|---|
| Employer identification number (EIN) | File number | Business telephone number () | | If you claim an overpayment, mark an X in the 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 State ZIP code | | | Date of incorporation | |
| NAICS business code number (see instructions) | If address above is new, mark an X in the 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 from our Web site, or by fax or phone. See the <i>Need help?</i> section on page 4. | | 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?

Mark an **X** in the appropriate box. If **Yes**, you must file Form CT-33-M (see instructions) Yes No

| | |
|--|--------------------------|
| A. Pay amount shown on line 15. Make check payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. | Payment enclosed |
| | <input type="checkbox"/> |

B. Federal return filed: (mark an **X** in one box)

Form 1120-L • Form 1120-PC • Consolidated basis • Other: _____ •

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):

| | |
|------|-----|
| Name | EIN |
|------|-----|

Enter parent corporation name and EIN (if more than 50% owned by another corporation):

| | |
|------|-----|
| Name | EIN |
|------|-----|

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: Exhibit of Premiums Written*, Schedule T; Schedule F, *Reinsurance*, Parts 1 and 3; and *Underwriting and Investment Exhibit*, Part 2B - *Premiums Written*.

| | | | |
|-------------------------------|--|--------------------------------|---|
| Third – party designee | Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes <input type="checkbox"/> (complete the following) No <input type="checkbox"/> | | |
| | Designee's name | Designee's phone number () | Personal identification number (PIN) <input type="text"/> |

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

Mail your return and attachments to:

**NYS CORPORATION TAX
PROCESSING UNIT
PO BOX 22038
ALBANY NY 12201-2038**

Also mail a copy to:

**NYS INSURANCE DEPARTMENT
ONE COMMERCE PLAZA
ALBANY NY 12257**

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 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 | Overpayment credited from prior years | 44. | |
| 45 | Overpayment credited from Form CT-33-M <input type="text" value="Period"/> | 45. | |
| 46 | Total prepayments (add lines 39 through 45; enter here and on line 10) | 46. | |

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

| | | | |
|--|----------------------|--|----------------------|
| Fire insurance premiums tax credit <i>(enter amount claimed)</i> | <input type="text"/> | Form CT-602 EZ capital tax credit | <input type="text"/> |
| Form CT-33-R Retaliatory tax credits | <input type="text"/> | Form CT-604 QEZE tax reduction credit | <input type="text"/> |
| Form CT-33.1 CAPCO credit | <input type="text"/> | Form CT-606 QEZE credit for real property taxes ... | <input type="text"/> |
| Form CT-41 Credit for employment of persons with disabilities | <input type="text"/> | Form CT-611 Brownfield redevelopment tax credit ... | <input type="text"/> |
| Form CT-43 Special additional mortgage recording tax credit | <input type="text"/> | Form CT-612 Remediated brownfield credit for real property taxes | <input type="text"/> |
| Form CT-44 Investment tax credit for the financial services industry | <input type="text"/> | Form CT-613 Environmental remediation insurance 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 CT-250 Defibrillator credit | <input type="text"/> | Form DTF-630 Green building credit | <input type="text"/> |
| Form CT-601 EZ wage tax credit..... | <input type="text"/> | Other credits | <input type="text"/> |
| Form CT-601.1 ZEA wage tax credit | <input type="text"/> | | |

| | | | |
|--|---|------------|----------------------|
| 47 Total tax credits claimed above <i>(enter here and on line 6)</i> | • | 47. | <input type="text"/> |
| 48 Total tax credits claimed above that are refund eligible <i>(see instructions)</i> | • | 48. | <input type="text"/> |

Need help?

-  **Internet access:** www.nystax.gov
(for information, forms, and publications)
-  **Fax-on-demand forms:** 1 800 748-3676
-  **To order forms and publications:** 1 800 462-8100
- Business Tax Information Center:** 1 800 972-1233
From areas outside the U.S. and
outside Canada: (518) 485-6800
-  **Hearing and speech impaired**
(telecommunications device for the
deaf (TDD) callers only): 1 800 634-2110

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i). This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose. Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law. Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law. This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.