

**CT-33-NL**

New York State Department of Taxation and Finance

**Non-Life Insurance Corporation
Franchise Tax Return****Tax Law — Article 33****All filers must enter tax period:****Amended return** ☐beginning ending

Employer identification number (EIN)	File number	Business telephone number ()		If you claim an overpayment, mark an X in the box ☐
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 (from federal return)			Foreign corporations: date began business in NYS	
Principal business activity			Audit (for Tax Department use only)	
If address/phone above is new, mark an X in the box ☐			If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	

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 payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
A	

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

C. Did you include a disregarded entity in this return? (mark an **X** in the appropriate box) Yes ☐ No ☐

If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

Legal name of disregarded entity

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 Department of Financial Services, 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*.

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

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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 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; attach applicable credit forms)

Fire insurance premiums tax credit (enter amount claimed)	•			Form CT-604	•		
Form CT-33-R	•			Form CT-606	•		
Form CT-33.1	•			Form CT-607	•		
Form CT-41	•			Form CT-611	•		
Form CT-43	•			Form CT-611.1	•		
Form CT-44	•			Form CT-612	•		
Form CT-238	•			Form CT-613	•		
Form CT-249	•			Form CT-631	•		
Form CT-250	•			Form CT-633	•		
Form CT-259	•			Form CT-634	•		
Form CT-601	•			Form DTF-624	•		
Form CT-601.1	•			Form DTF-630	•		
Form CT-602	•			Other credits	•		

47 Total tax credits claimed above (enter here and on line 6)	•	47	
48 Total tax credits claimed above that are refund eligible (see instructions)	•	48	

Amended return information

If filing an amended return, mark an **X** in the box for any items that apply and attach documentation.

Final federal determination • ☐ If marked, enter date of determination: • — —

Federal return filed: Form 1139 • ☐ Amended Form 1120-L • ☐ Amended Form 1120-PC • ☐

Third – party designee (see instructions)	Yes ☐ No ☐	Designee's name (print)	Designee's phone number ()
	Designee's e-mail address		PIN ()

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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