NEW YORK STATE 2015

CT-33-C

Department of Taxation and Finance

Captive Insurance Company 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)*	State or country of incorporation	*Date received (for Tax Department use only)*
c/o		
Number and street or PO box	Date of incorporation	
City State ZIP code	Foreign corporations: date began business in NYS	

NAICS business code number *(from **NYS Pub 910**)*	If address/phone above is new, mark an **X** in the box ☐	*Audit (for Tax Department use only)*
NYS principal business activity	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.	

Federal return was filed on *(mark an **X** in one)*: 1120-L ☐ 1120-PC ☐ Consolidated ☐ Other: ☐ _____

A. Pay amount shown on line 19. Make payable to: ***New York State Corporation Tax***
Attach your payment here. Detach all check stubs. *(See instructions for details.)*

A Payment enclosed

Computation of tax and installment payments of estimated tax *(see instructions)*

Tax on New York State gross direct premiums *(see instr.)*

1	First $20,000,000 of gross direct premiums		× .004	**1**	
2	$20,000,001-$40,000,000 of gross direct premiums		× .003	**2**	
3	$40,000,001-$60,000,000 of gross direct premiums		× .002	**3**	
4	Excess of $60,000,000 of gross direct premiums		× .00075	**4**	

Tax on New York State reinsurance premiums *(see instr.)*

5	First $20,000,000 of reinsurance premiums		× .00225	**5**	
6	$20,000,001-$40,000,000 of reinsurance premiums		× .0015	**6**	
7	$40,000,001-$60,000,000 of reinsurance premiums		× .0005	**7**	
8	Excess of $60,000,000 of reinsurance premiums		× .00025	**8**	

Computation of tax and estimated tax due

9	Tax due based upon premiums *(add lines 1 through 8)*	**9**	
10	Minimum tax	**10**	**5,000 00**
11	Tax due *(enter the greater of line 9 or 10)*	**11**	
	First installment of estimated tax for next period:		
12a	If you filed a request for extension, enter amount from Form CT-5, line 2	**12a**	
12b	If you did not file Form CT-5, see instructions	**12b**	
13	Total *(add line 11 and line 12a or 12b)*	**13**	
14	Total prepayments from line 27	**14**	
15	Balance *(if line 14 is less than line 13, subtract line 14 from line 13)*	**15**	
16	Estimated tax penalty *(see instructions; mark an **X** in the box if Form CT-222 is attached)* ☐	**16**	
17	Interest on late payment *(see instructions)*	**17**	
18	Late filing and late payment penalties *(see instructions)*	**18**	
19	**Balance due** *(add lines 15 through 18 and enter here; enter the payment amount on line A above)*	**19**	
20	**Overpayment** *(if line 13 is less than line 14, subtract line 13 from line 14)*	**20**	
21	Amount of overpayment to be credited to next period	**21**	
22	Refund of overpayment *(subtract line 21 from line 20)*	**22**	

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Composition of prepayments on line 14 *(see instructions)*

		Date paid	Amount
23 Mandatory first installment	**23**		
24a Second installment from Form CT-400	**24a**		
24b Third installment from Form CT-400	**24b**		
24c Fourth installment from Form CT-400	**24c**		
25 Payment with extension request *(from Form CT-5, line 5)*	**25**		
26 Overpayment credited from prior years	**26**		
27 Total prepayments *(add lines 23 through 26; enter here and on line 14)*	**27**		

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

(if Yes, *list years)* _____

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 or Excl. code	Date	

Attach a copy of your complete federal return and a copy of your *New York Captive Insurance Company Annual Statement* as filed with the New York State Department of Financial Services.

See instructions for where to file.