NEW YORK STATE 2020

CT-33-NL

Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law – Article 33

All filers must enter tax period:

Amended return ☐   Final 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 address	State or country of incorporation
Care of (c/o)	

Number and street or PO box	Date of incorporation	**Foreign corporations:** date began business in NYS

City	U.S. state/Canadian province	ZIP/Postal code	Country (if not United States)	For office use only

NAICS business code number (from **NYS Pub 910**)	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.
NYS 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 payable to: **New York State Corporation Tax** Attach your payment here. Detach all check stubs. (See instructions for details.)	**A**	Payment enclosed

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 1B - *Premiums Written.*

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Computation of tax

1	Accident and health insurance premiums from line 34 *(see instr.)* ●	× 0.0175 ●	**1**		
2	Other non-life insurance company premiums from line 35 *(see instr.)* ●	× 0.02 ●	**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 47)* ●		**6**		
7	Tax due *(subtract line 6 from line 5)*		**7**		

8a		
8b		
9		

10	Total prepayments from line 46 ●		**10**		
11a	Balance *(see instructions)* ●		**11a**		
11b	Additional amount *(see instructions)* ●		**11b**		
11c	Total before penalties and interest *(see instructions)* ●		**11c**		
12	Estimated tax penalty *(see instructions; mark an **X** in the box if Form CT-222 is attached)* ● ☐ ●		**12**		
13	Interest on late payment *(see instructions)* ●		**13**		
14	Late filing and late payment penalties *(see instructions)* ●		**14**		
15	**Balance due** *(add lines 11c through 14 and enter here; enter the payment amount on line A on page 1)*		**15**		
16a	**Overpayment** *(if line 7 is less than line 10, subtract line 7 from line 10)* ●		**16a**		
16b	Amount of overpayment previously credited to 2021 MFI *(see instructions)* ●		**16b**		
16c	Balance of overpayment available *(see instructions)* ●		**16c**		
17	Amount of overpayment to be credited to next period		**17**		
18	Balance of overpayment *(subtract line 17 from line 16c)* ●		**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**		
21a	Refund of tax credits *(see instructions)*		**21a**		
21b	Tax credits to be credited as an overpayment to next year's return *(see instructions)*		**21b**		
22	Issuer's allocation percentage *(from line 38)* ●		**22**		%
23	Reinsurance allocation percentage *(from line 33)* ●		**23**		%

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

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation % *(see instr.)*	D Reinsurance premiums allocated to New York State *(column B × column C)*
Totals from attached sheet			

24	Total *(add column D amounts; enter here and include on line 28)* ●	**24**	

Schedule B – Computation of reinsurance allocation percentage *(see instructions)*

25 New York taxable premiums *(see instructions)* ●	25		
26 New York ocean marine premiums *(see instructions)* ●	26		
27 New York premiums for annuity contracts and insurance for the elderly *(see instr.)* ●	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 *(see instructions)*. ●	30		
31 Total New York premiums *(subtract line 30 from line 29)* ●	31		
32 Total premiums *(see instructions)* ●	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 from Form CT-300 *(see instructions)*	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 *(see instructions)*		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)*

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in
New York State Penal Law Article 200 or 496, or section 195.20? *(see Form CT-1; mark an X in one box)* .... Yes ☐   No ☐

Fire insurance premiums tax credit
(enter amount claimed) .... ●

		Form CT-633 .... ●
Form CT-33-R .... ●		Form CT-634 .... ●
Form CT-33.1 .... ●		Form CT-643 .... ●
Form CT-41 .... ●		Form CT-651 .... ●
Form CT-43 .... ●		Form CT-652 .... ●
Form CT-44 .... ●		Form DTF-624 .... ●
Form CT-238 .... ●		Form DTF-630 .... ●
Form CT-249 .... ●		Other credits .... ●
Form CT-250 .... ●		
Form CT-501 .... ●		
Form CT-601 .... ●		
Form CT-602 .... ●		
Form CT-604 .... ●		
Form CT-606 .... ●		
Form CT-607 .... ●		
Form CT-611 .... ●		
Form CT-611.1 .... ●		
Form CT-611.2 .... ●		
Form CT-612 .... ●		
Form CT-613 .... ●		
Form CT-631 .... ●		

47 Total tax credits claimed above *(enter here and on line 6; see instructions)* .... ● **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 email 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	
	Email 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
	Email address of individual preparing this return		Preparer's NYTPRIN or	Excl. code	Date

See instructions for where to file.

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