

**CT-33-C**

Department of Taxation and Finance
**Captive Insurance Company
Franchise Tax Return**
Tax Law – Article 33

All filers must enter tax period:beginning ending **Amended return**

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 address Care of (c/o)		State or country of incorporation	
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)
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 <i>Business information</i> in Form CT-1.	
NYS principal business activity		For office use only	

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.)

Payment enclosed

A**Computation of tax (see instructions)****Tax on New York State gross direct premiums (see instr.)**

1 First \$20,000,000 of gross direct premiums.....	• <input type="checkbox"/>	× 0.004	• 1
2 \$20,000,001-\$40,000,000 of gross direct premiums	• <input type="checkbox"/>	× 0.003	• 2
3 \$40,000,001-\$60,000,000 of gross direct premiums	• <input type="checkbox"/>	× 0.002	• 3
4 Excess of \$60,000,000 of gross direct premiums.....	• <input type="checkbox"/>	× 0.00075	• 4

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

5 First \$20,000,000 of reinsurance premiums	• <input type="checkbox"/>	× 0.00225	• 5
6 \$20,000,001-\$40,000,000 of reinsurance premiums	• <input type="checkbox"/>	× 0.0015	• 6
7 \$40,000,001-\$60,000,000 of reinsurance premiums	• <input type="checkbox"/>	× 0.0005	• 7
8 Excess of \$60,000,000 of reinsurance premiums.....	• <input type="checkbox"/>	× 0.00025	• 8

Computation of tax

9 Tax due based upon premiums (add lines 1 through 8)	• <input type="checkbox"/>	9
10 Minimum tax.....	• <input type="checkbox"/>	10
11 Tax due (enter the greater of line 9 or 10)	• <input type="checkbox"/>	11 5,000 00

12a	
12b	
13	
14 Total prepayments from line 27.....	• 14
15a Balance (see instructions)	• 15a
15b Additional amount (see instructions)	• 15b
15c Total before penalties and interest (see instructions)	• 15c
16 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	• 16
17 Interest on late payment (see instructions)	• 17
18 Late filing and late payment penalties (see instructions)	• 18
19 Balance due (add lines 15c through 18 and enter here; enter the payment amount on line A above)	• 19
20a Overpayment (if line 11 is less than line 14, subtract line 11 from line 14)	• 20a
20b Amount of overpayment previously credited to 2026 MFI (see instructions)	• 20b
20c Balance of overpayment available (see instructions)	• 20c
21 Amount of overpayment to be credited to next period	• 21
22 Refund of overpayment (subtract line 21 from line 20c)	• 22

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Composition of prepayments on line 14 (see instructions)

		Date paid	Amount
23	Mandatory first installment from Form CT-300 (see instructions)	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 (see instructions)	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 <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number ()
	Designee's email address		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.

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 <input type="checkbox"/>	Excl. code <input type="checkbox"/>

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.

