



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 <input type="checkbox"/>
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
City		U.S. state/Canadian province	ZIP/Postal code
Country (if not United States)		Foreign corporations: date began business in NYS	
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="text"/>	× 0.004	•	1	<input type="text"/>
2	\$20,000,001-\$40,000,000 of gross direct premiums	•	<input type="text"/>	× 0.003	•	2	<input type="text"/>
3	\$40,000,001-\$60,000,000 of gross direct premiums	•	<input type="text"/>	× 0.002	•	3	<input type="text"/>
4	Excess of \$60,000,000 of gross direct premiums	•	<input type="text"/>	× 0.00075	•	4	<input type="text"/>

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

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

Computation of tax

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

12a

12b

13

14	Total prepayments from line 27	•	<input type="text"/>	14	<input type="text"/>
15a	Balance (see instructions)	•	<input type="text"/>	15a	<input type="text"/>
15b	Additional amount (see instructions)	•	<input type="text"/>	15b	<input type="text"/>
15c	Total before penalties and interest (see instructions)	•	<input type="text"/>	15c	<input type="text"/>
16	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/>	•	<input type="text"/>	16	<input type="text"/>
17	Interest on late payment (see instructions)	•	<input type="text"/>	17	<input type="text"/>
18	Late filing and late payment penalties (see instructions)	•	<input type="text"/>	18	<input type="text"/>
19	Balance due (add lines 15c through 18 and enter here; enter the payment amount on line A above)	■	<input type="text"/>	19	<input type="text"/>
20a	Overpayment (if line 11 is less than line 14, subtract line 11 from line 14)	•	<input type="text"/>	20a	<input type="text"/>
20b	Amount of overpayment previously credited to 2025 MFI (see instructions)	•	<input type="text"/>	20b	<input type="text"/>
20c	Balance of overpayment available (see instructions)	•	<input type="text"/>	20c	<input type="text"/>
21	Amount of overpayment to be credited to next period	■	<input type="text"/>	21	<input type="text"/>
22	Refund of overpayment (subtract line 21 from line 20c)	■	<input type="text"/>	22	<input type="text"/>

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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

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

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.

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