New York State Department of Taxation and Finance

1994

CT-33 Insurance Corporation Franchise Tax Return

Tax Law — Article 33

For calendar year 1994 or tax period:

beginning

ending

Employer identification number	File number	If address on return is new, check box *(see instructions)*. ☐	*For office use only*
Mailing Name and Address Taxpayer's business name			
Business name at location below *(if different from business name above)* c/o	PLACE LABEL HERE	If your name, employer identification number, address or owner/officer information has changed, you must file Form DTF-95 *(see instructions)*.	*Date received*
Street or P O Box			
City	State ZIP code		
Trade name	Business telephone number ( )	Business activity code number (from federal return)	*Audit use*
☐ Check box if refund claimed	Principal business activity	State or country of incorporation / date	Foreign corporations: date began business in NYS

Federal return was filed on: • ☐ 1120-L • ☐ 1120-PC • ☐ Consolidated • ☐ Other: _____

Do you do business, employ capital, own or lease property or maintain an office in the Metropolitan Commuter Transportation District? ☐ Yes ☐ No — If you answered *Yes*, you must file Form CT-33-M.

Have you been audited by the Internal Revenue Service in the past 5 years? • ☐ Yes • ☐ No — If *Yes* list years.

Does this corporation have an interest in real property located in New York State? • ☐ Yes • ☐ No — If you answered *Yes* to both questions, attach a separate sheet with complete details. See instructions.

Has the controlling interest in the corporation's stock changed during the period covered in this return? • ☐ Yes • ☐ No

A. Payment — pay amount shown on line 23. Make check payable to: ***New York State Corporation Tax*** Payment enclosed

Computation of Tax and Installment Payments of Estimated Tax

1	Allocated entire net income from line 92	× .09	1	•
2	Allocated business and investment capital from line 60	× .0016	2	•
3	Alternative tax *(attach computation)*	× .09	3	•
4	Minimum tax		4	250 00
5	Allocated subsidiary capital from line 49	× .0008	5	•
6	Life insurance company premiums from line 97	× .008	6	•
7	Accident and health premiums, received by nonlife insurance companies, from line 98	× .01	7	•
8	Other nonlife insurance company premiums from line 99	× .013	8	•
9	Total *(add line 1, 2, 3 or 4, whichever is largest, and lines 5, 6, 7 and 8)*		9	•
10	Limitation on tax (section 1505): amount from line 103	× .026	10	•
11	Tax - Amount from line 9 or 10, whichever is less		11	•
12	Tax credits — ☐ Taxes on certain fire insurance premiums *(enter amount)* • ☐ Retaliatory Tax • ☐ CT-43 • ☐ CT-45 ☐ DTF-601 ☐ DTF-601.1 ☐ DTF-602 *(attach forms - see instructions if more than one credit is claimed)*		12	
13	Tax due *(subtract line 12 from line 11; if negative amount, enter "0")*		13	
14	State tax surcharge at • % *(multiply line 13 by appropriate rate; see instructions)*		14	
15	Tax and state tax surcharge due *(add lines 13 and 14)*		15	
	First installment of estimated tax for next period:			
16a	If application for extension was filed, enter amount from Form CT-5, line 4		16a	
16b	If Form CT-5 was not filed and line 15 is over $1,000, enter 25% (.25) of line 15		16b	
17	Total *(add line 15 and line 16a or 16b)*		17	
18	Total prepayments *(attach schedule)*		18	
19	Balance *(if line 18 is less than line 17, subtract line 18 from line 17)*		19	
20	Interest on late payment *(see instructions)*		20	
21	Late filing and late payment penalties *(see instructions)*		21	
22	Penalty for underpayment of estimated tax *(check box if Form CT-222 is attached ☐ if none, enter "0")*		22	
23	**Balance Due** *(add lines 19 through 22; enter payment on line A above)*		23	
24	**Overpayment** *(if line 17 is less than line 18, subtract line 17 from line 18)*		24	
25	Amount of overpayment to be credited to next period		25	
26	Balance of overpayment *(subtract line 25 from line 24)*		26	
27	Amount of overpayment to be credited to CT-33-M		27	
28	Refund of overpayment *(subtract line 27 from line 26; check refund box above)*		28	
29	Refund of excess retaliatory tax credit from line 114 *(check refund box above)*		29	
30	Issuer's allocation percentage from line 117		30	%
31	Reinsurance allocation percentage from line 41		31	%

Schedule A - Allocation of Reinsurance Premiums where Location of Risks Cannot Be Determined *(see instructions, Form CT-33-I).*

A Name of Ceding Company *(Attach separate sheet if necessary.)*	B Reinsurance Premiums Received	C Reinsurance Allocation %	D Reinsurance Premiums Allocated to New York (column B × column C)
Totals from attached sheet			

32 Total *(add column D amounts)* Include on line 36 . . . . . ●

Schedule B - Computation of Allocation Percentage. *If you do not claim an allocation, enter 100 on line 47. For explanation of lines 33 through 47, see page 2 of instructions*

33 New York taxable premiums	33	●		
34 New York ocean marine premiums	34	●		
35 New York premiums on annuity contracts and on insurance for the elderly	35	●		
36 New York premiums on reinsurance assumed from authorized companies	36	●		
37 Total New York gross premiums *(add lines 33 through 36)*	37	●		
38 New York premiums ceded that are included on line 37	38	●		
39 Total New York premiums *(subtract line 38 from line 37)*	39	●		
40 Total premiums	40	●		
41 New York premium percentage *(divide line 39 by line 40; enter here and on line 31)*			41	● %
42 Weighted New York premium percentage *(multiply line 41 by nine)*			42	● %
43 New York wages, salaries, commissions and other compensation	43	●		
44 Total wages, salaries, commissions and other compensation	44	●		
45 New York payroll percentage *(divide line 43 by line 44)*			45	● %
46 Total New York percentages *(add lines 42 and 45)*			46	● %
47 Allocation percentage *(divide line 46 by ten. If line 42 or 45 is zero, see page 2 of instructions)*			47	● %

Schedule C - Computation and Allocation of Subsidiary Capital

A Description of Subsidiary Capital List each corporation *(Attach separate sheet if necessary.)*	Employer Identification Number	B % of Voting Stock Owned	C Average Fair Market Value	D Current Liabilities Attributable to Subsidiary Capital	E Net Average Fair Market Value (col. C minus col. D)	F Issuer's Allocation %	G Value Allocated To New York State (col. E × col. F)
Totals from attached sheet							

48 Totals *(add amounts in columns C, D and E)* . . . . . ● ● ●

49 Allocated subsidiary capital *(add column G amounts - enter here and on line 5)* . . . . . ●

Schedule D - Computation and Allocation of Business and Investment Capital

	A Beginning of Year	B End of Year		C Average Fair Market Value Basis
50 Total assets from annual statement *(balance sheet)*	●	●	50	●
51 Fair market value adjustment *(attach computation — if negative amount, use parentheses)*			51	●
52 Non-admitted assets from annual statement			52	●
53 Total assets *(add lines 50, 51 and 52)*	●	●	53	●
54 Current liabilities			54	●
55 Total capital *(subtract line 54 from line 53)*			55	●
56 Subsidiary capital from line 48, column E			56	
57 Business and investment capital *(subtract line 56 from line 55)*			57	●
58 Assets, excluding subsidiary assets included on line 56, held as reserves under NYS Insurance Law sections 1303, 1304 and 1305 *(value assets same as valued on line 53)*	Beginning of Year	End of Year	58	●
59 Adjusted business and investment capital *(subtract line 58 from line 57)*			59	●
60 Allocated business and investment capital *(multiply line 59 by the allocation percentage from line 47; enter here and on line 2)*			60	

Taxpayer's Name	Employer Identification Number

Schedule E - Computation of Adjustment for Gains or Losses on Disposition of Property Acquired Before January 1, 1974
You may no longer report gain or loss in the same manner you report it on your federal income tax return.

A Description of Property *(Attach separate sheet if necessary)*	B Cost	C Fair Market Price or Value on Jan. 1, 1974	D Value Realized on Disposition	E New York Gain (Loss)	F Federal Gain (Loss)
Totals from attached sheet					

61 Totals . . . . . .

62 New York adjustment *(subtract column F from column E; enter here and on line 67)* . . . . . .
Use parentheses for negative amounts.

Schedule F - Computation and Allocation of Entire Net Income *(see instructions for explanation of lines 63 through 92)*

63	Federal taxable income before net operating loss or operations loss *(see instructions)*	63	•
	Additions		
64	Dividends - received deduction used to compute line 63	64	•
65	Dividend or interest income not included in line 63 *(attach list)*	65	•
66	Interest to stockholders - [ ] less 10% or $1,000, whichever is larger	66	•
67	Adjustment for gains or losses on disposition of property acquired prior to January 1, 1974 from line 62	67	•
68	Deductions attributable to subsidiary capital *(attach list)*	68	•
69	New York State franchise tax deducted on federal return *(attach list)*	69	•
70a	Amount deducted on your federal return as a result of a safe harbor lease	70a	•
70b	Amount which would have been required to be included on your federal return except for a safe harbor lease	70b	•
71	ACRS or MACRS deductions used in the computation of federal taxable income *(attach Form CT-399)*	71	•
	Property and casualty insurance adjustments:		
72	Amount deducted from federal gross income on Form 1120-PC, pursuant to IRC section 847(1)	72	•
73	Unearned premiums at the end of the preceding tax year excluded from premiums earned as a result of the reduction in the deduction for unearned premiums *(see instructions)*	73	•
74	Amount of difference between unpaid losses and discounted unpaid losses at the end of the preceding tax year *(attach separate sheet; see instructions)*	74	•
75	Other *(attach explanation on separate sheet)*	75	•
76	Total *(add lines 63 through 75)*	76	•
	Subtractions		
77	Interest, dividends and capital gains from subsidiary capital *(attach list)*	77	•
78	50% of dividends from nonsubsidiary corporations *(attach list)*	78	•
79	Gain on installment sales made prior to January 1, 1974 *(attach list)*	79	•
80	New York net operating loss or operations loss *(attach statement showing computation)*	80	•
81a	Amount included on your federal return as a result of a safe harbor lease	81a	•
81b	Amount which could have been deducted on your federal return except for a safe harbor lease	81b	•
82	Depreciation allowed by section 1503(b)(10) *(attach Form CT-399)*	82	•
	Property and casualty insurance adjustments:		
83	Amount included in federal gross income on Form 1120-PC, pursuant to IRC sections 847(5) and 847(6)	83	•
84	Unearned premiums at the end of the tax year included in premiums earned as a result of the reduction in the deduction for unearned premiums *(see instructions)*	84	•
85	Amount of the difference between unpaid losses and discounted unpaid losses at the end of the tax year *(attach separate sheet; see instructions)*	85	•
86	Reduction in deduction for losses incurred *(see instructions)*	86	•
87	Other *(attach explanation on separate sheet)*	87	•
88	Total subtractions *(add lines 77 through 87)*	88	•
89	Entire net income *(subtract line 88 from line 76)*	89	•
90	Addition to entire net income from Form CT-33-ATT, line 7	90	•
91	Entire net income after adjustment *(add lines 89 and 90)*	91	•
92	Allocated entire net income *(multiply line 91 by line 47; enter here and on line 1)*	92	

Schedule G - Officers (appointed or elected) and Certain Stockholders - Include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation.

A **Name and Address** *(Give actual residence. Attach separate sheet if necessary.)*	B **Social Security Number**	C **Official Title**	D **Salary and all Other Compensation Received From Corporation**
Totals from attached sheet			

93 Total *(add column D amounts)* . . . . . **93** •

Schedule H — Computation of Premiums

		A **Premiums Taxable Under Section 1510**	B **Premiums Included In Tax Limitation Computation - Section 1505**
Life insurance companies			
94 Life insurance premiums	**94**	•	•
95 Accident and health insurance premiums	**95**	•	•
96 Other insurance premiums *(attach list)*	**96**	•	•
97 Total *(add lines 94, 95 and 96, column A; enter here and on line 6)*	**97**		
Nonlife insurance companies			
98 Accident and health insurance premiums *(enter column A amount on line 7)*	**98**		•
99 Other insurance premiums *(enter column A amount on line 8)*	**99**		•

See instructions before making entries below.

Insurance corporations who receive more than 95% of their premiums from:

100 Annuity contracts	**100**	•
101 Ocean marine insurance	**101**	•
102 Group insurance on the elderly (Insurance Law, section 4236)	**102**	•
103 Total *(add lines 94 through 102, column B; enter amount here and on line 10)*	**103**	

Schedule I - Computation of Retaliatory Tax Credit for Corporations Organized or Domiciled in New York - For tax years prior to 1992, attach separate computation.

		A 1992	B 1993	C 1994
104 Tax less credits (except for retaliatory tax credit)	**104**			
105 Retaliatory tax credit claimed in 1992 and 1993	**105**			
106 Balance *(subtract line 105 from line 104)*	**106**			
107 90% of retaliatory taxes paid in 1994 on 1992 premiums and income *(total of line 105 and line 107 may not exceed line 104, column A)*	**107**	•		
108 90% of the retaliatory taxes paid in 1994 on 1993 premiums and income *(total of line 105 and line 108 may not exceed line 104, column B)*	**108**	•		
109 90% of retaliatory taxes paid in 1994 on 1994 premiums and income *(total may not exceed line 104, column C)*	**109**	•		
110 Total retaliatory tax credit claimed this year *(add line 107, column A, line 108, column B and line 109, column C)*	**110**	•		
111 Retaliatory tax credit used on line 12 to reduce tax due on line 13 to zero	**111**	•		
112 Balance of retaliatory tax credit *(subtract line 111 from line 110)*	**112**	•		
113 Retaliatory tax credit to be carried forward *(if you elect this option, enter the amount shown on line 112)*	**113**	•		
114 Retaliatory tax credit to be refunded *(if you elect this option, enter the amount shown on line 112 here and on line 29)*	**114**	•		

Schedule J - Computation of Issuer's Allocation Percentage

115 New York gross direct premiums	**115**	•
116 Total gross direct premiums	**116**	•
117 Issuer's allocation percentage *(divide line 115 by line 116; enter here and on line 30)*	**117**	%

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct and complete.

Signature of elected officer or authorized person	Official title	Date

	Firm's name *(or yours if self-employed)*	ID number	Date
	Address	Signature of individual preparing this return	

Mail returns to: **NYS CORPORATION TAX, PROCESSING UNIT, P O BOX 1909, ALBANY NY 12201-1909**

Attach a copy of your complete federal return, a copy of your Annual Report of Premiums as filed with the New York State Insurance Department and copies of the following schedules from your Annual Statement: Balance Sheet, the Analysis of Assets Exhibit and the Summary by Country portion of Schedule D.