CT-33-D (7/11)

return

New York State Department of Taxation and Finance Tax on Premiums Paid or Payable To an Unauthorized Insurer

For Taxable Insurance Contracts with an Effective Date on or after July 21, 2011

Tax Law – Article 33-A

Staple forms here

Name of insured Term of insurance policy effective or renewed from to Number and street or PO box Telephone number City State ZIP code If the premiums paid are to an affiliated insurance company, provide the information requested below and mark an X in the box Image: Comparison of the premiums paid are to an affiliated insurance company If premiums paid are an endorsement to the original policy, mark an X in the box Effective date of endorsement: Type of organization (mark an X in one box) Corporation Partnership Corporation Partnership Individual Other: Include on the payment your identification number, Form CT-33-D, and the calendar quarter for which you are reporting. (See instructions for details.) Payment enclosed Part 1 - Tax computation 1 2 0.036 1 Premiums paid or payable on taxable insurance contracts effective on or after July 21, 2011 1 2 2 Tax rate of 3.6% 3 4 5 4 9 Deverpayment due (add lines 5, 6, and 7 and enter here; enter the payment amount on line A above) 7. 7. 3 Overpayment due (add lines 5, 6, and 7 and enter here; enter the payment amount on line A above) 9. 9.	Employer identification number or social security number	er of insured Insurance policy number		
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Part 2 — Insurer information (attach additional sheets if necessary)

Name of insurance company	Broker's name		Broker's telephone number
			()
			()
Number and street or PO box of insurance company			. ,
Number and street of PO box of insurance company			
City	State	ZIP code	

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

Authorized		Signature of authorized person		Official title			
person	E-mail address of authorized person		Telephone number			Date	
Paid	Firm's name (or yours if self-employed)	Firr	Firm's EIN		Preparer's PTIN or SSN		
use	Signature of individual preparing this return	Address	С	ity	Sta	ite	ZIP code
only (see instr.)	E-mail address of individual preparing this return		Preparer	's NYTPRIN		Date	

See instructions for where to file.

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