

# Form 207F-5

## Insurance Premiums Tax Return Nonresident and Foreign Companies Initial Five-Year Return

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Complete this return in blue or black ink only.

Company name	Connecticut Tax Registration Number ▶
Address line 1	Federal Employer ID Number (FEIN) ▶
Address line 2	Organized under the laws of ▶
City, town, or post office	State      ZIP code

Enter first year of five-year period \_\_\_\_\_ and last year of five-year period \_\_\_\_\_

Enter Connecticut Insurance License date \_\_\_\_\_  
 mm    dd    yyyy

1. Enter gross direct premiums received during the taxpayer's five preceding calendar years to the extent received prior to calendar year 2018.	▶	1.		.00
2. Dividends paid to policyholders on direct business, not including dividends paid on account of ownership of stock, during the taxpayer's five preceding calendar years to the extent paid prior to calendar year 2018.	▶	2.		.00
3. Net direct premiums from ocean marine insurance policies written on property located in this state received during the taxpayer's five preceding calendar years to the extent received prior to calendar year 2018.	▶	3.		.00
4. Benefit payments from group health insurance premiums as allowed by Conn. Gen. Stat. § 12-210a during the taxpayer's five preceding calendar years to the extent prior to calendar year 2018.	▶	4.		.00
5. Total deductions for premiums prior to calendar year 2018: Add lines 2, 3, and 4.	▶	5.		.00
6. Taxable premiums for calendar years prior to calendar year 2018: Subtract Line 5 from Line 1.	▶	6.		.00
7. Multiply Line 6 by 1.75% (.0175)	▶	7.		.00
8. Enter gross direct premiums received during the taxpayer's five preceding calendar years to the extent received during or after calendar year 2018.	▶	8.		.00
9. Dividends paid to policyholders on direct business, not including dividends paid on account of ownership of stock, during the taxpayer's five preceding calendar years to the extent paid during or after calendar year 2018.	▶	9.		.00
10. Net direct premiums from ocean marine insurance policies written on property located in this state received during the taxpayer's five preceding calendar years to the extent received during or after calendar year 2018.	▶	10.		.00
11. Benefit payments from group health insurance premiums as allowed by Conn. Gen. Stat. § 12-210a during the taxpayer's five preceding calendar years to the extent during or after calendar year 2018.	▶	11.		.00
12. Total deductions for premiums during or after calendar year 2018: Add lines 9, 10, and 11.	▶	12.		.00
13. Taxable premiums for calendar years during or after calendar year 2018: Subtract Line 12 from Line 8.	▶	13.		.00
14. Multiply Line 13 by 1.5% (.015)	▶	14.		.00
15. Add Line 7 and Line 14.	▶	15.		.00
16. Taxes and other obligations on retaliatory basis: See instructions.	▶	16.		.00
17. Other obligations paid to Connecticut: See instructions.	▶	17.		.00
18. Retaliatory computation: Subtract Line 17 from Line 16.	▶	18.		.00
19. Tax: Enter Line 15 or Line 18 amount, whichever is greater.	▶	19.		.00
20. If late: penalty ▶ (20a) \$ _____ plus interest ▶ (20b) \$ _____ See instructions.		20.		.00
21. Balance due with this return: Add Line 19 and Line 20.	▶	21.		.00

Make check payable to **Commissioner of Revenue Services**.

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records.	Signature of principal officer	Title	Date
	Print name of principal officer		Telephone number (    )
	Email address of principal officer ▶		
	Paid preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name and address		FEIN

# Form 207F-5

## Instructions

### General Instructions

Complete this return in blue or black ink only.

Use **Form 207F-5, Insurance Premiums Tax Return Nonresident and Foreign Companies Initial Five-Year Return**, to report net direct premiums received during the five preceding calendar years from policies written on property or risks located or resident in Connecticut except ocean marine insurance.

**Due Date:** Each newly licensed nonresident or foreign insurance company must file this return within 45 days of the company's initial license to transact business in Connecticut.

**Attachments:** Attach the following to this return:

- A copy of Schedule T for the five preceding calendar years; **and**
- A copy of the Connecticut business page from the Annual Statement filed with the Insurance Department for the five preceding calendar years.

**Rounding Off to Whole Dollars:** You must round off cents to the nearest whole dollar on your return and schedules.

### Line Instructions

**Line 1:** Enter gross direct premiums (less returned premiums, including cancellations) from policies written on property or risks located or resident in this state, but excluding annuity considerations and premiums received for reinsurance assumed from other companies. Include only those premiums received during the taxpayer's five preceding calendar years to the extent received prior to calendar year 2018.

**Line 2:** Enter dividends paid to policyholders on direct business, not including dividends paid on account of ownership of stock, during the taxpayer's five preceding calendar years to the extent paid prior to calendar year 2018.

**Line 3:** Enter net direct premiums from ocean marine insurance policies written on property located in this state received during the taxpayer's five preceding calendar years to the extent received prior to calendar year 2018.

**Line 4:** Enter benefit payments from group health insurance premiums as allowed by Conn. Gen. Stat. § 12-210a during the taxpayer's five preceding calendar years to the extent prior to calendar year 2018.

**Line 8:** Enter gross direct premiums (less returned premiums, including cancellations) from policies written on property or risks located or resident in this state, but excluding annuity considerations and premiums received for reinsurance assumed from other companies. Include only those premiums received during the taxpayer's five preceding calendar years to the extent received during or after calendar year 2018.

**Line 9:** Enter dividends paid to policyholders on direct business, not including dividends paid on account of ownership of stock, during the taxpayer's five preceding calendar years to the extent paid during or after calendar year 2018.

**Line 10:** Enter net direct premiums from ocean marine insurance policies written on property located in this state received during the taxpayer's five preceding calendar years to the extent received during or after calendar year 2018.

**Line 11:** Enter benefit payments from group health insurance premiums as allowed by Conn. Gen. Stat. § 12-210a during the taxpayer's five preceding calendar years to the extent during or after calendar year 2018.

**Line 16 and Line 17:** Summarize and attach schedules to support taxes and other obligations claimed on Line 16 during the five preceding calendar years. Apply Connecticut data to your state's forms for fire marshal, franchise, ocean marine, premium, and other taxes to determine the amounts a Connecticut insurance company would be required to pay in your state.

Line 16 and Line 17 include other taxes and assessments net of tax offsets allowed. Do not include *ad valorem* taxes on real or personal property; personal income taxes; fees for agents' licenses; or special purpose assessments, including but not limited to, workers compensation assessments and insurance guaranty fund assessments.

**Line 20a: Late Payment Penalty:** Multiply Line 11 by 10%. Enter the result or \$50, whichever is greater.

**Line 20b:** Multiply Line 11 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "Form 207F-5" and your Connecticut Tax Registration Number on the front of your check. Be sure to sign your check and paper clip it to the front of your return. **Do not send cash.** DRS may submit your check to your bank electronically.

**Mail to:** Department of Revenue Services  
State of Connecticut  
PO Box 2990  
Hartford CT 06104-2990

**Failure to file or failure to pay** the proper amount of tax due **will result in penalty and interest charges.** It is to your advantage to file when your return is due whether or not you are able to make full payment.

**Signature:** The treasurer of the company, or a principal officer of the company, must sign Form 207F-5.

**Paid Preparer Signature:** A paid preparer must sign and date Form 207F-5. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), and their firm's FEIN in the spaces provided.

### Pay Electronically

Visit [www.ct.gov/TSC](http://www.ct.gov/TSC) to make a direct tax payment electronically. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically you must still file your return on or before the due date.



### For More Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only), **or**
- **860-297-5962** (from anywhere).

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling **860-297-4911**.

### Forms and Publications

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms and publications.