

# FORM 115A

**PREMIUM TAX RETURN**  
**TAX ON PREMIUMS PAID TO UNAUTHORIZED INSURERS**

**19** \_\_\_\_\_

(Rev. 12/99)

<div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px; margin-bottom: 10px;"></div> <p><i>Please change Name and/or Address if shown incorrectly at right</i></p>	Connecticut Tax Registration Number  Federal Employer Identification Number  Date Received <i>(For Department Use Only)</i>
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**SCHEDULE OF INSURANCE PURCHASED FROM UNAUTHORIZED INSURERS**

Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Subject of Insurance (5)	Description of Coverage (6)	Premium Allocated to Risks or Exposures Located within Connecticut (7)	Code (See Instructions) (8)

Make checks payable to: COMMISSIONER OF REVENUE SERVICES  Mail to: Department of Revenue Services PO Box 2990 Hartford CT 06104-2990	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Premium charged in Connecticut</td> <td style="width:10%;"></td> </tr> <tr> <td style="padding: 2px;">a) Total Column (7)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">b) Tax Due: Multiply column 7 by 4% (.04)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">c) Penalty _____ + Interest _____ = Total</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;"><b>TOTAL (Add Lines a, b, and c)</b></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;"><b>TOTAL AMOUNT ENCLOSED</b></td> <td style="border: 1px solid black;"></td> </tr> </table>	Premium charged in Connecticut		a) Total Column (7)		b) Tax Due: Multiply column 7 by 4% (.04)		c) Penalty _____ + Interest _____ = Total		<b>TOTAL (Add Lines a, b, and c)</b>		<b>TOTAL AMOUNT ENCLOSED</b>	
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<b>TOTAL AMOUNT ENCLOSED</b>													

**DECLARATION:** I declare under the penalties of false statement that I have examined this return, **FORM 115A**, *Premium Tax Return*, and to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records	Signature of Principal Officer	Title	Date	Telephone Number (    )
	Print Name of Principal Officer			
	Paid Preparer's Signature		Date	
	Firm Name and Address			▶ Federal Employer Identification Number

# GENERAL INSTRUCTIONS

## Purpose

Conn. Gen. Stat. §38a-277 provides that every insured shall pay a tax at the rate of 4% (.04) of the gross premiums charged by an insurer not licensed by the Connecticut Department of Insurance, for insurance procured, continued or renewed, located or to be performed in Connecticut.

## Exemptions

This tax is not applicable to premiums on wet marine and transportation insurance or individual life and disability insurance.

## Note:

Any insured shall, within 60 days after the date the insurance was procured, continued or renewed, file **Form-115AR**, *Report of Procurement, Continuance or Renewal of Insurance with Unauthorized Insurer*.

## When to File Form-115A

Payment of tax must be made on or before March 1 of the next succeeding calendar year in which the insurance was procured, continued, or renewed. The calendar year for which this return is filed must be entered in the upper right corner of this form. If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

## Penalty and Interest

In general, penalty and interest apply to any portion of the tax that is not paid on or before the original due date of the return. Interest will be computed on the underpayment of tax at the rate of 1% (.01) per month or fraction thereof computed from the statutory due date to the date of payment.

**Late Payment Penalty:** The penalty for late payment of tax is 10% (.10) of the tax due or \$50, whichever is greater.

**Late Filing Penalty:** In the event that no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

## PREMIUM ALLOCATION SCHEDULE

Column 7 - When computing the tax, premium shall include all premiums, membership fees, assessments, dues and any other consideration for insurance.

If a policy covers risks or exposures only partially in this state, the tax shall be computed on the portions of the premium which are allocated to the risks or exposures located in this state. (See examples below.)

- A. Property coverage (including fire and allied lines, U & O, boiler and machinery insurance) - allocate to Connecticut in the proportion that the insured value of all properties in Connecticut bears to the insured value of all properties everywhere.

- B. Coverage on mobile equipment (trucks, automobiles, etc.) - allocate to Connecticut in the proportion that vehicles garaged in Connecticut bear to vehicles garaged everywhere.
- C. Railroad rolling stock - allocate to Connecticut in the proportion that car days in Connecticut bear to car days everywhere.
- D. Workers compensation - allocate to Connecticut in the proportion that payroll involving employees in Connecticut bears to total payroll everywhere.
- E. Liability coverages (OL&T, M&C, etc.) - allocate to Connecticut in the proportion that the number of insured locations in Connecticut bears to the number of insured locations everywhere.
- F. Products liability - allocate to Connecticut in the proportion that exposure in Connecticut bears to exposure everywhere. Example: Aircraft products liability - based on air miles flown over Connecticut in proportion to total air miles, or passenger boardings within Connecticut to total passenger boardings everywhere.
- G. Travel accident - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.
- H. Group life and group accident & health - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

Column 8 - Use the following codes:

CODE A - Policy covers risks wholly within Connecticut

CODE B - Policy covers risks or exposures only partially within Connecticut

For further information regarding the responsibilities of the insured and the unauthorized insurer, see Conn. Gen. Stat. §§38a-271 through 38a-282.

If you have any questions, please contact the Excise/Public Services Subdivision of the Audit Division at 860-541-3225, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.