

207 ESA - First Installment
Estimated Insurance Premiums Tax
Payment Coupon
Domestic Insurance Companies
 (Rev. 12/00)

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990 ▶

FOR CALENDAR YEAR ENDING

207 ESA

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2000 Form 207, Line 8	▶	1	
	2	Multiply the tax that will be shown on 2001 Form 207, by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
	4	Multiply Line 3 by 30% (.30)	▶	4	
Federal Employer ID Number ▶	5	Overpayment from prior year applied to this estimate	▶	5	
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6	

Please change
 name or
 mailing
 address, or
 both,
 if shown
 incorrectly
 at right

DUE DATE: March 15

MAKE CHECKS PAYABLE TO:
 COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207 ESB - Second Installment
Estimated Insurance Premiums Tax
Payment Coupon
Domestic Insurance Companies
 (Rev. 12/00)

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990 ▶

FOR CALENDAR YEAR ENDING

207 ESB

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2000 Form 207, Line 8	▶	1	
	2	Multiply the tax that will be shown on 2001 Form 207, by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
	4	Multiply Line 3 by 60% (.60)	▶	4	
Federal Employer ID Number ▶	5	Amount paid with Form 207 ESA plus overpayment from prior year applied to estimated tax for current year	▶	5	
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6	

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DUE DATE: June 15

MAKE CHECKS PAYABLE TO:
 COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207 ESC - Third Installment
Estimated Insurance Premiums Tax
Payment Coupon
Domestic Insurance Companies
 (Rev. 12/00)

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990 ▶

FOR CALENDAR YEAR ENDING

207 ESC

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2000 Form 207, Line 8	▶	1	
	2	Multiply the tax that will be shown on 2001 Form 207, by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
	4	Multiply Line 3 by 80% (.80)	▶	4	
Federal Employer ID Number ▶	5	Amount paid with Forms 207 ESA and 207 ESB plus overpayment from prior year applied to estimated tax for current year	▶	5	
	6	Payment due with this coupon (Subtract Line 5 from Line 4)	▶	6	

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DUE DATE: September 15

MAKE CHECKS PAYABLE TO:
 COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

207 ESD - Fourth Installment
Estimated Insurance Premiums Tax
Payment Coupon
Domestic Insurance Companies
 (Rev. 12/00)

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO Box 2990 Hartford CT 06104-2990

FOR CALENDAR YEAR ENDING

207 ESD

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2000 Form 207, Line 8	▶	1		
Date Received (DRS USE ONLY)	2	Multiply the tax that will be shown on 2001 Form 207, by 90% (.90)	▶	2		
Federal Employer ID Number	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3		
	4	Amount paid with Forms 207 ESA, 207 ESB, and 207 ESC plus overpayment from prior year applied to estimated tax for current year	▶	4		
	5	Payment due with this coupon (Subtract Line 4 from Line 3)	▶	5		

Please change
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DUE DATE: December 15

MAKE CHECKS PAYABLE TO:
 COMMISSIONER OF REVENUE SERVICES

MAIL TO: Department of Revenue Services
 Processing Section
 PO Box 2990
 Hartford CT 06104-2990

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each domestic insurance company which is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225; whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2001 Form 207; or
- (2) 100% of the tax shown on your 2000 Form 207, Line 8.

207 ESA Back (Rev. 12/00)

PAYMENT DUE WITH THIS COUPON

Thirty percent (30%) of the required annual payment less any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 30% (.3) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each domestic insurance company which is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225; whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2001 Form 207; or
- (2) 100% of the tax shown on your 2000 Form 207, Line 8.

207 ESB Back (Rev. 12/00)

PAYMENT DUE WITH THIS COUPON

Sixty percent (60%) of the required annual payment less any estimated payment and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 60% (.6) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each domestic insurance company which is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225; whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2001 Form 207; or
- (2) 100% of the tax shown on your 2000 Form 207, Line 8.

207 ESC Back (Rev. 12/00)

PAYMENT DUE WITH THIS COUPON

Eighty percent (80%) of the required annual payment less any estimated payments and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 80% (.8) of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.

GENERAL INSTRUCTIONS

WHO MUST FILE THIS COUPON

Each domestic insurance company which is carrying on an insurance business in Connecticut, each hospital service corporation organized under Conn. Gen. Stat. §§38a-199 to 38a-209, and each medical service corporation organized under Conn. Gen. Stat. §§38a-214 to 38a-225; whose expected current year tax liability is \$1,000 or more.

Do not file this coupon if the expected current year liability is less than \$1,000.

REQUIRED ANNUAL PAYMENT

Required Annual Payment means the lesser of:

- (1) 90% (.90) of the tax that will be shown on your 2001 Form 207; or
- (2) 100% of the tax shown on your 2000 Form 207, Line 8.

PAYMENT DUE WITH THIS COUPON

One hundred percent (100%) of the required annual payment less any estimated payments and any overpayment from a prior year.

INTEREST

If the payment, together with all prior payments, does not equal 100% of the required annual payment, interest accrues at the rate of 1% (.01) per month (or fraction of a month) on the underpaid amount.