

207F ESA - First Installment**Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies**

(Rev. 12/02)

**Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990**Organized Under Laws of _____
For Calendar Year Ending _____

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2002 Form 207F, Line 15	▶	1	
	2	Multiply the tax that will be shown on 2003 Form 207F by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
Federal Employer ID Number ▶	4	Multiply Line 3 by 30% (.30)	▶	4	
	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**207F ESB - Second Installment****Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies**

(Rev. 12/02)

**Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990**Organized Under Laws of _____
For Calendar Year Ending _____

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2002 Form 207F, Line 15	▶	1	
	2	Multiply the tax that will be shown on 2003 Form 207F by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
Federal Employer ID Number ▶	4	Multiply Line 3 by 60% (.60)	▶	4	
	5	Amount paid with Form 207F 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**207F ESC - Third Installment****Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies**

(Rev. 12/02)

**Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990**Organized Under Laws of _____
For Calendar Year Ending _____

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2002 Form 207F, Line 15	▶	1	
	2	Multiply the tax that will be shown on 2003 Form 207F by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
Federal Employer ID Number ▶	4	Multiply Line 3 by 80% (.80)	▶	4	
	5	Amount paid with Forms 207F ESA and 207F 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**207F ESD - Fourth Installment****Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies**

(Rev. 12/02)

**Department of Revenue Services
State of Connecticut
PO Box 2990 Hartford CT 06104-2990**Organized Under Laws of _____
For Calendar Year Ending _____

CT Insurance Premiums Tax Reg. No. ▶	1	Tax shown on 2002 Form 207F, Line 15	▶	1	
	2	Multiply the tax that will be shown on 2003 Form 207F by 90% (.90)	▶	2	
Date Received (DRS USE ONLY) ▶	3	Required annual payment (Enter the lesser of Line 1 or Line 2)	▶	3	
Federal Employer ID Number ▶	4	Amount paid with Forms 207F ESA, 207F ESB, and 207F 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	

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at right

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

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and 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 (including retaliatory tax) that will be shown on 2003 Form 207F; or
- (2) 100% of the tax shown on your 2002 Form 207F, Line 15.

207F ESA Back (Rev. 12/02)

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% (.30) of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and 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 (including retaliatory tax) that will be shown on 2003 Form 207F; or
- (2) 100% of the tax shown on your 2002 Form 207F, Line 15.

207F ESB Back (Rev. 12/02)

Payment Due With This Coupon

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207F ESA and any overpayment from a prior year.

Interest

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

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and 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 (including retaliatory tax) that will be shown on 2003 Form 207F; or
- (2) 100% of the tax shown on your 2002 Form 207F, Line 15.

207F ESC Back (Rev. 12/02)

Payment Due With This Coupon

Eighty percent (80%) of the required annual payment less any estimated payments made with Forms 207F ESA and 207F ESB and any overpayment from a prior year.

Interest

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

Instructions

Who Must File This Coupon

Each foreign or nonresident insurance company that is carrying on an insurance business in Connecticut and 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 (including retaliatory tax) that will be shown on 2003 Form 207F; or
- (2) 100% of the tax shown on your 2002 Form 207F, Line 15.

207F ESD Back (Rev. 12/02)

Payment Due With This Coupon

One hundred percent (100%) of the required annual payment less any estimated payments made with Forms 207F ESA, 207F ESB, and 207F ESC and any overpayment from a prior year.

Interest

If the payment, together with all prior payments, does not equal 100% (1.0) of the required annual payment, interest accrues at the rate of 1% (.01) per month, or fraction of a month, on the underpaid amount.