

**207 ESA - First Installment**  
**Estimated Insurance Premiums Tax**  
**Payment Coupon**  
**Domestic Insurance Companies**  
 (Rev. 12/01)

**Department of Revenue Services**  
**State of Connecticut**  
**PO Box 2990 Hartford CT 06104-2990** ▶

For Calendar Year Ending

**207 ESA**

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2001 Form 207 Line 9	▶	1	
	2	Multiply the tax that will be shown on 2002 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. 12/01)

**Department of Revenue Services**  
**State of Connecticut**  
**PO Box 2990 Hartford CT 06104-2990** ▶

For Calendar Year Ending

**207 ESB**

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2001 Form 207, Line 9	▶	1	
	2	Multiply the tax that will be shown on 2002 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	

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

**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. 12/01)

**Department of Revenue Services**  
**State of Connecticut**  
**PO Box 2990 Hartford CT 06104-2990** ▶

For Calendar Year Ending

**207 ESC**

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2001 Form 207, Line 9	▶	1	
	2	Multiply the tax that will be shown on 2002 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	

Please change  
 name or  
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 if shown  
 incorrectly  
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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. 12/01)

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

For Calendar Year Ending

**207 ESD**

CT Insurance Premiums Tax Reg. No.	1	Tax shown on 2001 Form 207, Line 9	▶	1		
Date Received (DRS USE ONLY)	2	Multiply the tax that will be shown on 2002 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  
name or  
mailing  
address, or  
both,  
if shown  
incorrectly  
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 domestic insurance company that 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 2002 Form 207; or
- (2) 100% of the tax shown on your 2001 Form 207, Line 9.

207 ESA Back (Rev. 12/01)

### 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 domestic insurance company that 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 2002 Form 207; or
- (2) 100% of the tax shown on your 2001 Form 207, Line 9.

207 ESB Back (Rev. 12/01)

### Payment Due With This Coupon

Sixty percent (60%) of the required annual payment less any estimated payment made with Form 207 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 domestic insurance company that 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 2002 Form 207; or
- (2) 100% of the tax shown on your 2001 Form 207, Line 9.

### Payment Due With This Coupon

Eighty percent (80%) of the required annual payment less any estimated payments made with Forms 207 ESA and 207 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.

207 ESC Back (Rev. 12/01)

## Instructions

### Who Must File This Coupon

Each domestic insurance company that 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 2002 Form 207; or
- (2) 100% of the tax shown on your 2001 Form 207, Line 9.

### Payment Due With This Coupon

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