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

(Rev. 12/10)

Form 207F
Insurance Premiums Tax Return
Nonresident and Foreign Companies

Complete this return in blue or black ink only.

2010

General Information

A. ❒ Check if this is an amended return.

B. Change of: ❒ Address
❒ Domicile, enter new domicile:_____

C. If this is a short period,
enter period covered by this return: _____

D. If this is a final return, is the insurance company:
❒ No longer licensed in Connecticut; out of business
❒ Merged/reorganized ▶ _____
Enter survivor's CT Tax Registration No.

E. The insurance company is currently in:
▶❒ Receivership ▶❒ Rehabilitation

Taxpayer Type or Print	Name of company			Connecticut Tax Registration Number ▶
	Address	Number and street	PO Box	Date received (DRS use only) ▶
	City or town	State	ZIP code	Federal Employer ID Number (FEIN) ▶
				Organized under the laws of ▶

1	Enter gross direct premiums received during the calendar year. See instructions. ▶	1		00
2	Dividends paid: See instructions. ▶	2		00
3	Net direct premiums received during the year from ocean marine insurance policies written on property located in this state ▶	3		00
4	Benefit payments from group health insurance premiums to the extent allowed by Conn. Gen. Stat. §12-210a ▶	4		00
5	Total deductions: Add Lines 2, 3, and 4. ▶	5		00
6	Taxable premiums: Subtract Line 5 from Line 1. ▶	6		00
7	Multiply Line 6 by 1.75% (.0175). ▶	7		00
8	Taxes and other obligations on retaliatory basis: See instructions. ▶	8		00
9	Other obligations paid to Connecticut: See instructions. ▶	9		00
10	Retaliatory computation: Subtract Line 9 from Line 8. ▶	10		00
11	Tax: Enter Line 7 or Line 10 amount, whichever is greater. ▶	11		00
12	Multiply Line 11 by 70% (.70). See instructions. ▶	12		00
13	General business tax credits: See instructions. ▶	13		00
14	Enter Line 12 or Line 13, whichever is less. ▶	14		00
15	Enter CIGA assessment credit. See instructions. ▶	15		00
16	Enter CLHIGA assessment credit. See instructions. ▶	16		00
17	Total credits: Add Lines 14, 15, and 16. ▶	17		00
18	Net tax: Subtract Line 17 from Line 11. If less than zero, enter "0." ▶	18		00
19	Overpayment applied from prior year ▶	19		00
20	Payments made with estimated tax payment coupons **Forms 207F ESA, ESB, ESC, and ESD** ▶	20		00
21	Payments made with extension request **Form 207F EXT** ▶	21		00
22	Total prior payments: Add Lines 19, 20, and 21. ▶	22		00
23	If Line 22 is greater than Line 18, enter amount overpaid. ▶	23		00
24	Amount to be: credited to 2011 estimated tax ▶(24a) $_____ refunded ▶(24b) $_____	24		00
25	If Line 18 is greater than Line 22, enter amount owed. ▶	25		00
26	If late: penalty ▶(26a) $_____ plus interest ▶(26b) $_____ See instructions.	26		00
27	Interest on underpayment of estimated tax: Attach **Form 207I**. See instructions. ▶	27		00
28	Balance due with this return. Make check payable to **Commissioner of Revenue Services**. ▶	28		00

Visit the Department of Revenue Services (DRS) website at **www.ct.gov/TSC** to pay electronically.

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, 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.

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

Form 207F Instructions

General Instructions

Complete this return in blue or black ink only.

Due Date: Form 207F, *Insurance Premiums Tax Return Nonresident and Foreign Companies*, is due on or before March 1, 2011, for calendar year 2010 insurance premiums tax liability.

Attachments: Attach the following to this return:

- A copy of Schedule T;
- Connecticut business page from the Annual Statement filed with the Connecticut Insurance Department;
- 2010 Schedule GAA, if applicable;
- 2010 Form 207I, if applicable;
- 2010 Form CT-1120K, if applicable.

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, the Department of Revenue Services (DRS) will disregard the cents.

Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the amount to enter on a line, include cents and round off **only** the total.

Example: Add two amounts ($1.29 + $3.21) to compute the total ($4.50) to enter on a line. Round $4.50 to $5.00 and enter $5.00 on the line.

Filing an Amended Return: If you make an error(s) on your return, you must correct the error(s) by filing an amended return using a new Form 207F and checking the amended box at the top of the return. Complete Form 207F using the correct figures and information for the reporting period.

You must file an amended return claiming a refund or credit within three years of the due date for which the overpayment was made. Attach an explanation of the claim to the amended return.

Line Instructions

Line 1: Enter gross direct premiums less return premiums, including cancellations, received during the calendar year 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.

Line 2: Enter dividends paid to policyholders on direct business. Do not include any dividends paid on account of the ownership of stock.

Line 3: Enter net direct premiums received during the calendar year from ocean marine insurance policies written on property located in this state.

Line 4: Enter benefit payments from group health insurance premiums to the extent allowed by Conn. Gen. Stat. §12-210a.

Line 8 and Line 9: Summarize and attach schedules to support taxes and other obligations claimed on Line 8. Apply Connecticut data to your state's forms for fire marshal, franchise, ocean marine, premium, and other taxes to determine the amounts that a Connecticut insurance company would be required to pay in your state.

Line 8 and Line 9 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 12: The amount of tax credit(s) allowable against the insurance premiums tax may not exceed 70% of the amount of insurance premiums tax due prior to the application of the credit(s). See **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*.

Line 13: Your company may be eligible to claim certain Connecticut business tax credits. For more information on Connecticut business tax credits see, **Informational Publication 2010(13)**, *Guide to Connecticut Business Tax Credits*. If your company claims Connecticut business tax credits, **Form CT-1120K**, *Business Tax Credit Summary*, must be completed and attached to this return.

Line 14 and Line 15: To claim CIGA and CLHIGA assessment credits, you must complete and attach a 2010 **Schedule GAA**, *Insurance Guaranty Association Credit*.

Line 21: Enter payments made with **Form 207F EXT**, *Application for Extension of Time to File Insurance Premiums Tax Return Nonresident and Foreign Companies*. To request an extension of time to file Form 207F, a company must file Form 207F EXT and pay all the tax it expects to owe on or before March 1, 2011.

Line 23: If Line 22 is greater than Line 18, subtract Line 18 from Line 22. This is the amount you overpaid.

Line 24: Your election to credit your overpayment to your 2011 estimated insurance premiums tax or to have your overpayment refunded to you is irrevocable.

Line 24a: Enter the amount of overpayment you want to be credited to your 2011 estimated insurance premiums tax as of March 1, 2011, or the date that this return is filed, whichever is later. Therefore, if this return is filed after March 15, 2011, your estimated insurance premiums tax payment for March 15, 2011, will not be timely made.

Line 24b: Enter the amount of overpayment you want refunded to you.

Line 25: If Line 18 is greater than Line 22, subtract Line 22 from Line 18. This is the amount of tax you owe.

Line 26a: Late Payment Penalty: Multiply Line 25 by 10%. Enter the result or $50, whichever is greater.

Line 26b: Multiply Line 25 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 27: If estimated tax was underpaid, complete and attach **Form 207I**, *Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax*, and enter the amount from Line 22 of Form 207I.

Line 28: Add Lines 25, 26, and 27.

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2010 Form 207F" and your Connecticut Tax Registration Number on the front of your check. 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

Signature: The treasurer of the company, or an authorized agent or officer of the company, must sign Form 207F.

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

Pay Electronically

Visit **www.ct.gov/TSC** to make a direct tax payment. 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** to download and print Connecticut tax forms and publications