207F ESA - First Installment

Estimated Insurance Premiums Tax Payment Coupon
Nonresident and Foreign Insurance Companies
(Rev. 12/10)

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

207F ESA

For Calendar Year Ending ▶

Complete this coupon in blue or black ink only.

CT Insurance Premiums Tax Reg. No. ▶

Date received (DRS use only) ▶

Federal Employer ID Number (FEIN) ▶

1	Enter 30% (.30) of the tax shown on 2010 Form 207F, Line 18.	1	
2	Enter amount from *Schedule 1*, Line 5, on back.	2	
3	Enter the lesser of Line 1 or Line 2.	3	
4	Enter 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: March 15, 2011
Make Checks Payable To:
Commissioner of Revenue Services
Pay electronically at **www.ct.gov/TSC**.
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
Nonresident and Foreign Insurance Companies
(Rev. 12/10)

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

207F ESB

For Calendar Year Ending ▶

Complete this coupon in blue or black ink only.

CT Insurance Premiums Tax Reg. No. ▶

Date received (DRS use only) ▶

Federal Employer ID Number (FEIN) ▶

1	Enter 60% (.60) of the tax shown on 2010 Form 207F, Line 18.	1	
2	Enter amount from *Schedule 1*, Line 5, on back.	2	
3	Enter the lesser of Line 1 or Line 2.	3	
4	Enter amount paid with Form 207F ESA 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: June 15, 2011
Make Checks Payable To:
Commissioner of Revenue Services
Pay electronically at **www.ct.gov/TSC**.
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
Nonresident and Foreign Insurance Companies
(Rev. 12/10)

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

207F ESC

For Calendar Year Ending ▶

Complete this coupon in blue or black ink only.

CT Insurance Premiums Tax Reg. No. ▶

Date received (DRS use only) ▶

Federal Employer ID Number (FEIN) ▶

1	Enter 80% (.80) of the tax shown on 2010 Form 207F, Line 18.	1	
2	Enter amount from *Schedule 1*, Line 5, on back.	2	
3	Enter the lesser of Line 1 or Line 2.	3	
4	Enter amount paid with Forms 207F ESA and 207F ESB 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: September 15, 2011
Make Checks Payable To:
Commissioner of Revenue Services
Pay electronically at **www.ct.gov/TSC**.
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
Nonresident and Foreign Insurance Companies
(Rev. 12/10)

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

207F ESD

For Calendar Year Ending ▶

Complete this coupon in blue or black ink only.

CT Insurance Premiums Tax Reg. No. ▶

Date received (DRS use only) ▶

Federal Employer ID Number (FEIN) ▶

1	Enter the tax shown on 2010 Form 207F, Line 18.	1	
2	Enter amount from *Schedule 1*, Line 5, on back.	2	
3	Enter the lesser of Line 1 or Line 2.	3	
4	Enter 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	

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

Due Date: December 15, 2011
Make Checks Payable To:
Commissioner of Revenue Services
Pay electronically at **www.ct.gov/TSC**.
Mail To: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

Who Must File This Coupon
Each nonresident or foreign insurance company carrying on an insurance business in Connecticut whose insurance premiums tax **after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*, for calendar year 2011 will be $1,000 or more must file this coupon.

Interest
If the payment due with this coupon is not made on or before the due date of this coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of this coupon until the date of payment.

Required Annual Payment
For estimated insurance premiums tax purposes, a nonresident or foreign insurance company's required annual payment is the lesser of:

- 90% of the tax shown on its 2011 Form 207F **after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits; **or**
- 100% of the tax shown on its 2010 Form 207F, Line 18.

Pay Electronically
Visit **www.ct.gov/TSC** to make a direct tax payment. If you pay electronically you must still file your return on or before the due date.

Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2011 **prior to** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.		00
2	Multiply Line 1 by 70% (.70).		00
3	Enter estimated Insurance Department assessment credit (if applicable) and general business tax credits against insurance premiums tax due for calendar year 2011. May not exceed amount entered on Line 2.		00
4	Subtract Line 3 from Line 1.		00
5	Multiply Line 4 by 27% (.27).		00

207F ESA Back (Rev. 12/10)

Who Must File This Coupon
Each nonresident or foreign insurance company carrying on an insurance business in Connecticut whose insurance premiums tax **after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*, for calendar year 2011 will be $1,000 or more must file this coupon.

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Required Annual Payment
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Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2011 **prior to** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.		00
2	Multiply Line 1 by 70% (.70).		00
3	Enter estimated Insurance Department assessment credit (if applicable) and general business tax credits against insurance premiums tax due for calendar year 2011. May not exceed amount entered on Line 2.		00
4	Subtract Line 3 from Line 1.		00
5	Multiply Line 4 by 54% (.54).		00

207F ESB Back (Rev. 12/10)

Who Must File This Coupon
Each nonresident or foreign insurance company carrying on an insurance business in Connecticut whose insurance premiums tax **after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*, for calendar year 2011 will be $1,000 or more must file this coupon.

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Required Annual Payment
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- 100% of the tax shown on its 2010 Form 207F, Line 18.

Pay Electronically
Visit **www.ct.gov/TSC** to make a direct tax payment. If you pay electronically you must still file your return on or before the due date.

Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2011 **prior to** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.		00
2	Multiply Line 1 by 70% (.70).		00
3	Enter estimated Insurance Department assessment credit (if applicable) and general business tax credits against insurance premiums tax due for calendar year 2011. May not exceed amount entered on Line 2.		00
4	Subtract Line 3 from Line 1.		00
5	Multiply Line 4 by 72% (.72).		00

207F ESC Back (Rev. 12/10)

Who Must File This Coupon
Each nonresident or foreign insurance company carrying on an insurance business in Connecticut whose insurance premiums tax **after** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits as defined in **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*, for calendar year 2011 will be $1,000 or more must file this coupon.

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Pay Electronically
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Schedule 1

1	Enter estimated insurance premiums tax due for calendar year 2011 **prior to** the application of guaranty association assessment credits, Insurance Department assessment credit (if applicable), and general business tax credits.		00
2	Multiply Line 1 by 70% (.70).		00
3	Enter estimated Insurance Department assessment credit (if applicable) and general business tax credits against insurance premiums tax due for calendar year 2011. May not exceed amount entered on Line 2.		00
4	Subtract Line 3 from Line 1.		00
5	Multiply Line 4 by 90% (.90).		00

207F ESD Back (Rev. 12/10)