207F ESA - **First Installment**

Estimated Insurance Premiums Tax Payment Coupon
Foreign and Nonresident Insurance Companies
(Rev. 5/05)

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	Enter 30% (.30) of the tax shown on 2004 Form 207F, Line 15	1		
Date Received (DRS USE ONLY) ▶	2	Enter amount from Schedule 1, Line 5 (on back)	2		
	3	Enter the lesser of Line 1 or Line 2	3		
Federal Employer ID Number ▶	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

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. 5/05)

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	Enter 60% (.60) of the tax shown on 2004 Form 207F, Line 15	1		
Date Received (DRS USE ONLY) ▶	2	Enter amount from Schedule 1, Line 5 (on back)	2		
	3	Enter the lesser of Line 1 or Line 2	3		
Federal Employer ID Number ▶	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

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. 5/05)

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	Enter 80% (.80) of the tax shown on 2004 Form 207F, Line 15	1		
Date Received (DRS USE ONLY) ▶	2	Enter amount from Schedule 1, Line 5 (on back)	2		
	3	Enter the lesser of Line 1 or Line 2	3		
Federal Employer ID Number ▶	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

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. 5/05)

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	Enter the tax shown on 2004 Form 207F, Line 15	1		
Date Received (DRS USE ONLY) ▶	2	Enter amount from Schedule 1, Line 5 (on back)	2		
	3	Enter the lesser of Line 1 or Line 2	3		
Federal Employer ID Number ▶	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

Make Checks Payable To:
Commissioner of Revenue Services

Mail To: Department of Revenue Services
Processing Section
PO Box 2990
Hartford CT 06104-2990

Who Must File This Coupon
Each foreign or nonresident 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 2005 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% (.01) 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 foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207F (**after** the application of guaranty association assessment credits, the Insurance Department assessment credit (if applicable), and general business tax credits); or
- 100% of the tax shown on your 2004 Form 207F, Line 15.

Schedule 1

1 Enter estimated insurance premiums tax due for calendar year 2005 **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 2005. (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. 5/05)

Who Must File This Coupon
Each foreign or nonresident 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 2005 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% (.01) 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 foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207F (**after** the application of guaranty association assessment credits, the Insurance Department assessment credit (if applicable), and general business tax credits); or
- 100% of the tax shown on your 2004 Form 207F, Line 15.

Schedule 1

1 Enter estimated insurance premiums tax due for calendar year 2005 **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 2005. (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. 5/05)

Who Must File This Coupon
Each foreign or nonresident 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 2005 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% (.01) 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 foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207F (**after** the application of guaranty association assessment credits, the Insurance Department assessment credit (if applicable), and general business tax credits); or
- 100% of the tax shown on your 2004 Form 207F, Line 15.

Schedule 1

1 Enter estimated insurance premiums tax due for calendar year 2005 **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 2005. (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. 5/05)

Who Must File This Coupon
Each foreign or nonresident 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 2005 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% (.01) 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 foreign or nonresident insurance company's required annual payment is the lesser of:

- 90% (.90) of the tax that will be shown on its 2005 Form 207F (**after** the application of guaranty association assessment credits, the Insurance Department assessment credit (if applicable), and general business tax credits); or
- 100% of the tax shown on your 2004 Form 207F, Line 15.

Schedule 1

1 Enter estimated insurance premiums tax due for calendar year 2005 **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 2005. (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. 5/05)