



Username

Password

Log in

[Forgot Username or Password?](#)

Logging in for the first time?

[Create a Username](#)

Filing a Domestic Insurance Tax Return

Register a new business, file returns and make payments without creating a myconnect username. Available forms to file non-logged on include: Attorney Occupational Tax, Estate and Gift Tax, and Controlling Interest Tax. For other returns and filing options, login with your Connecticut Registration Number.

- > [New Business/Need a CT Registration Number?](#)
- > [Make a Bill Payment](#)
- > [Apply/Renew Tax Exemption Form](#)
- > [File Returns/Extension](#)

Individuals can make payments and file certain forms without logging in. Click on a link below for more options. DRS recommends you create a username for all filing transactions.

- > [Make a Payment or Estimated Payment](#)
- > [File Returns/Taxes](#)
- > [File an Extension](#)
- > [Where's my Refund?](#)
- > [What's My 1099-G Amount?](#)
- > [Upload Earned Income Tax Credit \(EITC\) Documents](#)
- > [File your Earned Income Tax Credit \(EITC\) Protest](#)
- > [View Tax Calculators](#)

Shortcuts to other DRS resources

- > [Make a Warrant Payment](#)
- > [myCTREC - Connecticut Real Estate Conveyance Tax Electronic Filing Portal](#)
- > [Earned Income Tax Credit Information \(EITC\)](#)
- > [DRS Publications](#)
- > [New Businesses Portal](#)
- > [Individual Income Tax Information](#)
- > [Third Party Bulk Filers Information](#)





Log in

[Forgot Username or Password?](#)

Logging in for the first time?

[Create a Username](#)

The data you see in this tutorial is completely fictitious. It was made for instructional purposes only. Any resemblance to a real person or business is completely coincidental.

> View Tax Calculators





Once you are logged in to **myconneCT**, the Summary page is displayed. Locate the Domestic Insurance account for which you would like to file your return.

To begin filing your return, click the **File Now** hyperlink next to the “Return Period Ending On...” text.

Summary **Action Center** ¹ Settings More...

Filter

Domestic Insurance

GOOD INSURANCE COMPANY
123 WEST PKWY
BRIDGEPORT CT 06604-1929
[Action Center Items](#) ¹

Return Period Ending On 31-Dec-2023 [> File Now](#)
Annual Filer [> File an Extension](#)
Due
01-Mar-2024

Account [> View/File Returns and View Period Detail](#)
Account ID: 0199956003 [> Make an Estimated Payment](#)
CT Registration No: 101155170000 [> Make a Payment](#)
Balance
(\$829.40)

Available Prepayments [> View Prepayments](#)
Payments on File
\$1,000.00



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023

Domestic Insurance

101155170000

GOOD INSURANCE COMPANY

\$0.00

Balance Due

01-Mar-2024

Due Date



Return Information

Enter the required return information, then click **Next**.

Return Information

NAIC Company Code

61395

Is the insurance company merged/reorganized?

No

Yes

Change in domicile

No

Yes

Company status

[Dropdown menu]

Status date

[Date field]

Is this insurance company requesting a refund for the student loan payment tax credit?

No

Yes

Cancel

Save Draft

< Previous

Next >



< GOOD INSURANCE COMPANY

You can use the Previous and Next buttons to navigate backwards or forwards through the return.

Enter the required information, then click **Next**.

Return Information Return Line Items

For form instructions, please [click here](#).

Insurance Premiums Tax Calculation

1. Gross direct premiums received during the calendar year	<input type="text" value="904,789.00"/>
2. Dividends paid	<input type="text" value="0.00"/>
3. Taxable premiums: (Line 2 subtracted from line 1)	<input type="text" value="904,789.00"/>
4. Tax: (Taxable premiums multiplied by 1.5%)	<input type="text" value="13,572.00"/>
Claim Insurance/Health Care Tax Credit (207K)?	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023
Domestic Insurance
101155170000
GOOD INSURANCE COMPANY

\$12,572.00

Balance Due

01-Mar-2024

Due Date



To enter Part 1 – 30% tax credits from Form CT-207K, click **Add a Record**.

Form CT-207K Insurance/Health Care Center Tax Credit Schedule

Part 1 - 30% Tax Credits

- 1. Amount of tax from Form 207 line 4 13,572.00
- 2. Part 1 credit limit: Line 1 multiplied by 30% 4,072.00

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount	Amount Refunded
-------------	----------------	---------------------	------------------	-----------------

+ Add a Record

+ Add a Record

Cancel

Save Draft

< Previous

Next >



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium
Tax Return

31-Dec-2023
Domestic Insurance
101155170000

\$12,572.00

Balance Due

01-Mar-2024

Due Date

207K Part 1



Credit Type	Part 1C - 20 - Historic Preservatic
Amount Applied	500.00
Carryforward Amount	500.00
Carryback Amount	0.00
Amount Refunded	0.00

Cancel

Add

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount	Amount Refunded
+ Add a Record				

Select the Credit Type, enter the Amount Applied, and then enter how the credit should be applied. Enter the amount in either the Carryforward Amount or Carryback Amount fields. Click **Add**.



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023
Domestic Insurance
101155170000
GOOD INSURANCE COMPANY

\$12,072.00

Balance Due

01-Mar-2024

Due Date



Repeat the previous steps until you have reported Part 1 - 30% tax credits, then click **Next**.

Form CT-207K Insurance/Health Care Center Tax Credit Schedule

Part 1 - 30% Tax Credits

- 1. Amount of tax from Form 207 line 4 13,572.00
- 2. Part 1 credit limit: Line 1 multiplied by 30% 4,072.00

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount	Amount Refunded
Part 1C - 20 - Historic Preservation	500.00	500.00	0.00	0.00

+ Add a Record

+ Add a Record

Cancel

Save Draft

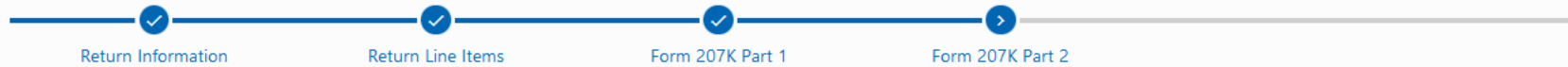
< Previous

Next >



< GOOD INSURANCE COMPANY

Enter any credits from Part 2 – 55% tax credits from Form CT-207K. In this example, we will not add additional credits. Click **Next** to continue.



For form instructions, please click [here](#).

Part 2 - 55% Tax Credits

Part 2 Credit limit: Amount of tax from Form 207, line 4 multiplied by 55%

Available credits

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
+ Add a Record			

+ Add a Record

Cancel

Save Draft

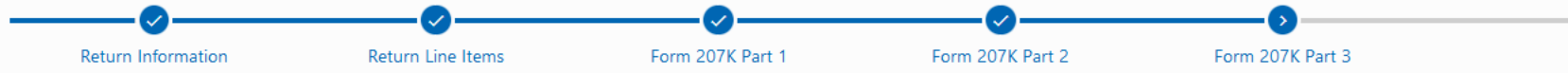
< Previous

Next >



< GOOD INSURANCE COMPANY

Enter any credits from Part 3 – 70% tax credits from Form CT-207K. In this example, we will not add additional credits. Click **Next** to continue.



For form instructions, please [click here](#).

Part 3 - 70% Tax Credits

Part 3 credit limit: Amount of tax from Form 207, line 4 multiplied by 70%

Used credits

Available credits

Credit Type	Amount Applied	Carryforward Amount	Carryback Amount
+ Add a Record			

+ Add a Record

Cancel Save Draft

< Previous **Next** >



< GOOD INSURANCE COMPANY

Confirm the total tax credits. If you are transferring credit to affiliates, click the Yes selector button. In this example, we have selected No. Click **Next** to continue.



For form instructions, please [click here](#).

Part 4 - Total Tax Credits

Total credits applied to this return	<input type="text" value="500.00"/>
Total carryforward credits	<input type="text" value="500.00"/>
Total carryback credits	<input type="text" value="0.00"/>
Any credit to transfer to affiliates (Part 5)?	<input checked="" type="radio"/> No <input type="radio"/> Yes

Cancel

Save Draft

< Previous

Next >

If applicable, report CIGA Assessment credits. Click **Next** to continue.

Part 1: Connecticut Insurance Guaranty Association (CIGA) Assessment Credit

Assessment Date	Name of Insolvent Insurer	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
1. Total of calculated credit				0.00
2. Transferred out CIGA credits				0.00
Subtotal: (Line 2 subtracted from line 1, amount used later in part 5, line 1)				0.00

Part 3: Transferred in CIGA Assessment Credits

Assessment Date	Name of Insolvent Insurer	Transferor's Tax Registration No.	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
Subtotal: (Amount used later in part 5 line 2)					0.00

Part 5: CIGA Amount Carried to Return

1. Subtotal from Part 1	0.00
2. Subtotal from Part 3	0.00
Total: (Add line 1 and line 2, amount used later in Form 207 line 6)	0.00

Cancel

Save Draft

< Previous

Next >

If applicable, report CLHIGA Assessment credits. Click **Next** to continue.

Part 2: Connecticut Life and Health Insurance Guaranty Association (CLHIGA) Assessment Credit

Assessment Date	Name of Insolvent Insurer	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
1. Total of calculated credit				0.00
2. Transferred out CLHIGA credits				0.00
Subtotal: (Line 2 subtracted from line 1, amount used in part 6, line 1)				0.00

Part 4: Transferred in CLHIGA Assessment Credits

Assessment Date	Name of Insolvent Insurer	Transferor's Tax Registration No.	Calendar Year Paid	Assessment Amount Paid	Calculated Credit (Assessment Amount Paid multiplied by 20%)
Subtotal: (Amount used in part 6 line 2)				0.00	

Part 6: CLHIGA Amount Carried to Return

1. Subtotal from Part 2	0.00
2. Subtotal from Part 4	0.00
Total: (Line 1 added to line 2, Amount here used in Form 207 line 7)	0.00

Cancel

Save Draft

< Previous

Next >



Review the return line items and update payment information if necessary. Click **Next** to continue.

Return Line Item (Continue)	
5. Applied credit from CT-207K	500.00
6. CIGA assessment credit	0.00
7. CLHIGA assessment credit	0.00
8. Total credits: (Sum of line 5, 6, 7)	500.00
9. Net tax (Line 8 subtracted from line 4)	13,072.00
10. Overpayment applied from prior year	800.00
11. Payments made with estimated tax payment Forms 207 ESA, ESB, ESC, and ESD	1,000.00
12. Payments made with extension request Form 207 EXT	0.00
13. Total prior payments: (Sum of line 10, 11, 12)	1,800.00
14. Amount overpaid (Line 9 subtracted from line 13)	0.00
15a. Amount to be applied to 2024 estimated tax	0.00
15b. Amount to be refunded	0.00

Cancel

Save Draft

< Previous

Next >



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023

Domestic Insurance

101155170000

GOOD INSURANCE COMPANY

\$11,272.00

Balance Due

01-Mar-2024

Due Date



Review the Line Item Summary, then click **Next**.

Line Item Summary

16. Amount owed	11,272.00
17a. Estimated penalty	0.00
17b. Estimated interest	0.00
18. Interest on underpayment of estimated tax	0.00
19. Balance due (Sum of line 16, 17a, 17b, 18)	11,272.00

Cancel

Save Draft

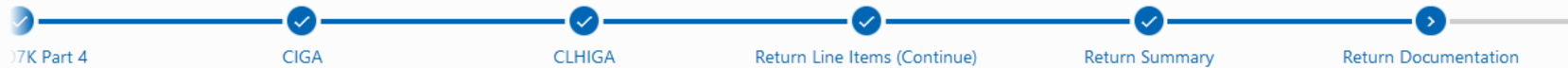
< Previous

Next >



Form 207 must be filled out with the appropriate forms and schedules attached. You can download the required forms from the DRS website.

To begin adding attachments, click **Add**.



For form instructions, please [click here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Connecticut Business Page**, as filed with the Connecticut Insurance Department
- **Form 2071**
- **Any form, certificates, and/or supporting documents required to claim credits, if applicable**

Attachments

[Add](#)

Type	Name	Size
------	------	------

There are no attachments.

Cancel

Save Draft

< Previous

Next >



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

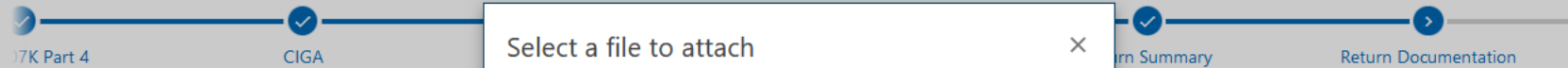
31-Dec-2023
Domestic Insurance
101155170000
GOOD INSURANCE COMPANY

\$11,272.00

Balance Due

01-Mar-2024

Due Date



For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms at

- **Schedule T**, as filed with the Connecticut Insurance
- **Connecticut Business Page**, as filed with the Conne
- **Form 2071**
- **Any form, certificates, and/or supporting documents required to claim credits, if applicable**

Select a file to attach

Type
Return Documentation

File
Browse... Form2071.pdf

Cancel OK

Click **Browse** to locate the file from your computer. In this example, we have attached Form 2071.



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

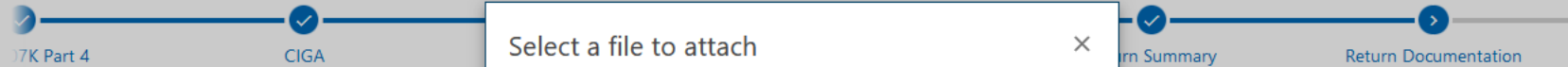
31-Dec-2023
Domestic Insurance
101155170000
GOOD INSURANCE COMPANY

\$11,272.00

Balance Due

01-Mar-2024

Due Date



For form instructions, please click [here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms at

- **Schedule T**, as filed with the Connecticut Insurance
- **Connecticut Business Page**, as filed with the Conne
- **Form 2071**
- **Any form, certificates, and/or supporting documents required to claim credits, if applicable**

Select a file to attach

Type

Return Documentation

File

Browse... Form2071.pdf

Cancel

OK

Once you have selected the document or file, click **OK**.

Cancel

Save Draft

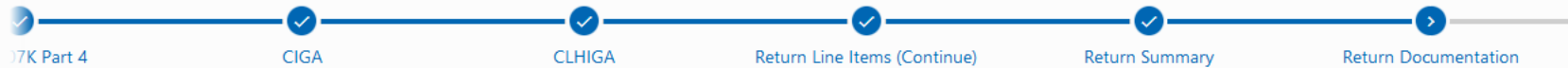
< Previous

Next >



< GOOD INSURANCE COMPANY

Attach additional documentation by repeating the previous steps. Once you have attached all required supporting documentation, click **Next**.



For form instructions, please [click here](#).

Return Documentation

Form 207 must be filled out with the appropriate forms and schedules attached. You can visit the [CT Department of Revenue services website](#) to download and print the forms listed below.

- **Schedule T**, as filed with the Connecticut Insurance Department
- **Connecticut Business Page**, as filed with the Connecticut Insurance Department
- **Form 2071**
- **Any form, certificates, and/or supporting documents required to claim credits, if applicable**

Attachments

[Add](#)

Type	Name	Size
Return Documentation	Form2071.pdf	1,021 Remove

Cancel

Save Draft

< Previous

Next >



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023
Domestic Insurance
101155170000
GOOD INSURANCE COMPANY

\$11,272.00

Balance Due

01-Mar-2024

Due Date



Please select a payment method



Pay with using Bank Account or Credit Card

Select this option to make a payment with this return. You will have the option to make a payment with a bank account or credit card. The direct payment option allows you to transfer funds by authorizing the Department of Revenue Services and its designated Financial Agents to electronically debit your bank account for the amount of your tax payment.



ACH Credit/Pay After Filing

Selecting this payment option **does not** automatically initiate your payment. The confirmation number you will receive with this return only acknowledges the filing of the return. You **must** initiate a payment separate to this filing.

Only those taxpayers who are currently registered for and who already pay by ACH credit may use this option.

Cancel

Save Draft

< Previous

Next >

If there is a tax due amount, you will be prompted to submit payment. Select your desired payment method, then click **Next**.



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium Tax Return

31-Dec-2023

Domestic Insurance

101155170000

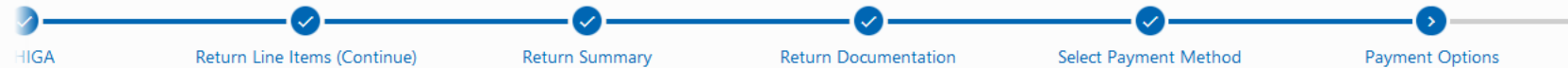
GOOD INSURANCE COMPANY

\$11,272.00

Balance Due

01-Mar-2024

Due Date



Payment Options

How do you want to pay?

- Bank Account**
Use your bank account to make an ACH debit payment
- Credit Card**
Use your credit card to make a payment

Cancel

Save Draft

< Previous

Next >

Select the desired payment option and click **Next**. In this example, we have selected Bank Account.



< GOOD INSURANCE COMPANY

Form 207 Domestic Insurance Premium
Tax Return

\$11,272.00
Balance Due

Confirm the payment amount and date, then select the payment type. Most will select *Direct Payment*.



If the funds for this payment come from an account outside the United States, choose 'IAT Direct Payment' as the payment channel type.

Debit Block Codes:

A debit block is when you have notified your bank or financial institution to reject all debit requests against your account unless you have provided a specific "debit block code". For more information and a listing of debit block codes, [click here](#)

If this is the first payment using this bank account through **myconnect**, an account validation will be sent to the bank. The payment withdrawal from your bank may take **up to five (5) business days**. Once the payment has been processed from your bank, the original payment date will be honored.

Pay with Bank Account

Amount

Confirm Amount

Payment Date

* Type

- Required
- Direct Payment
- IAT Direct Payment - Funded from outside US

Cancel

Save Draft

< Previous

Next >

If the funds for this payment come from an account outside the United States, choose 'IAT Direct Payment' as the payment channel type.

Debit Block Codes:

A debit block is when you have notified your bank or financial institution to reject all debit requests against your account unless you have provided a specific "debit block code". For more information and a listing of debit block codes, [click here](#)

If this is the first payment using this bank account through **myconneCT**, an account validation will be sent to the bank. The payment withdrawal from your bank may take **up to five (5) business days**. Once the payment has been processed from your bank, the original payment date will be honored.

Pay with Bank Account

Amount

Confirm Amount

Payment Date

Type

Routing Number

Bank Name

Account Number

Confirm Account

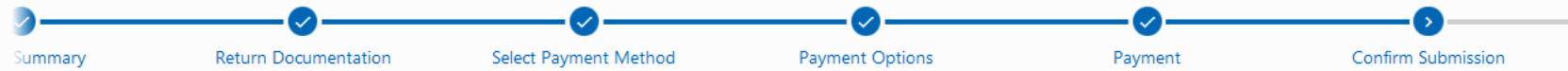
Bank Account Type Checking Savings

Save for future use

Once you have entered all required payment information, click **Next**.

Note: When paying with a Bank Account, you can save your information for future use.

Provide the required electronic signatures, then click **Submit**.



Confirm Submission

Terms and Conditions

I authorize (1) the Connecticut Department of Revenue Services and its designated Financial Agents to initiate a Direct Payment (automatic withdrawal) from the financial institution account designated in this transaction for payment of my Connecticut tax, and (2) my financial institution to debit the entry to my account.

The amount of the Direct Payment will be: \$1,356,184.00 and will be initiated on 22-Feb-2024.

I understand that if the Connecticut Department of Revenue Services does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest, penalty and return item charges. **Note:** In some instances, your account will be debited on the next business banking day.

Declaration of Taxpayer(s)

I declare under the 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.

Once you have agreed that all the information is correct, select "Submit" below to complete this filing. Upon successful filing, you will receive a confirmation number and the option to print a copy of this filing information.

Sign Here

Date 22-Feb-2024

Signature of Principal
Officer (Enter Name)

Trinity Wells

Principle Officer Title

Owner



Taxpayer Signature
(Enter Name)

Trinity Wells

Cancel

Save Draft

< Previous

Submit >



< GOOD INSURANCE COMPANY

Confirmation

Your return has been submitted to the Connecticut Department of Revenue Services. The return will be posted to your account after your submission is processed. Your confirmation number is:
0-000-030-496

Filing Details:

Date Submitted: 2/22/2024 10:32:07 AM
Customer Name: GOOD INSURANCE COMPANY
Tax Type: Domestic Insurance
Form Type: Form 207-DIN
Period End: 12/31/2023
Payment Type: ACH Debit/Direct Payment
Amount of Payment: \$11,272.00
Payment Date: 2/22/2024

If this is the first payment using this bank account through **myconneCT**, an account validation will be sent to the bank. The payment withdrawal from your bank may take **up to five (5) business days**. Once the payment has been processed from your bank, the original payment date will be honored.

Please Note: This account cannot be closed on myconneCT. DRS will close this account when it receives information from the Connecticut Department of Insurance that this company is no longer licensed in Connecticut.

OOPS? If you want to make a change, it is not too late. While a return is still pending, you can return to your account, view your submission, and edit as necessary.

[Printable View](#)

[OK](#)

Upon successful submission of your return and payment (if applicable), you will be directed to a Confirmation page. If you wish to print a copy of the return for your records, click the **Printable View** button to open a PDF version of the return in your browser.

Form 207-DIN Printout (myconneCT Taxpayer Copy)

Connecticut Form 207 Domestic Insurance Premium Tax Return - Form Year 2022

Period Ending On: 31-Dec-2023

Date Submitted: 22-Feb-2024
Organization Name: GOOD INSURANCE COMPANY
Business Trade Name:
CT Tax Registration No.: 101155170-000
FEIN: 45-3467776

Due Date: 01-Mar-2024
Contact Name: Trinity Wells
User's Web Logon: GoodInsCo
User's Email: twells@goodinsuranceco.com
User's Phone: +1 (860) 239-8429

Payment Information

Account Type: Checking
Routing Number: 211180023
Bank Name: DUTCH POINT CREDIT UNION

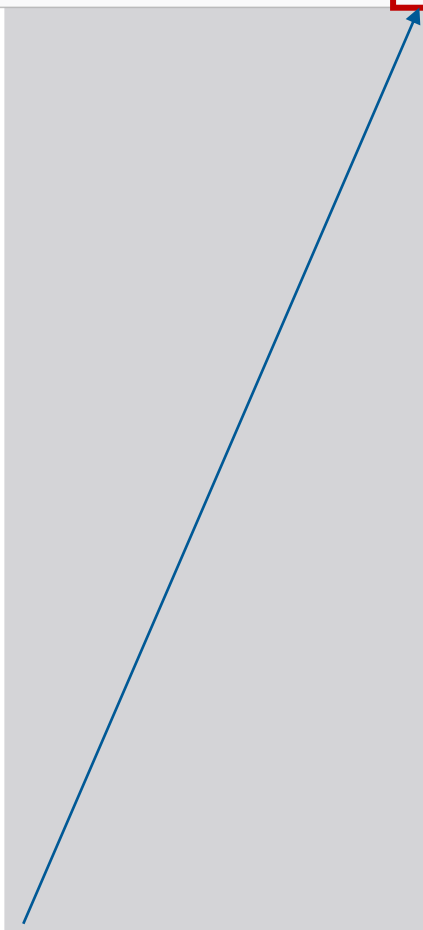
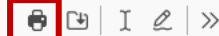
Payment Date: 2/22/2024
Account Number: ****5678
Payment Amount: \$11,272.00

Confirmation Number: 0-000-030-496

Please Note: This account cannot be closed on myconneCT.

Note: There is one attachment included in this submission.

Is this insurance company requesting a refund for the student loan payment tax credit?		No
Amount of credit refund requested:	\$	0.00
1. Gross direct premiums received during the calendar year.	1. \$	904,789.00
2. Dividends paid.	2. \$	0.00



You can use the browser tools to print a copy of the return for your personal records.

Important: Do not mail this confirmation page to the agency. Mailing in the confirmation page could result in duplicate filings and delayed processing of your return.

15b Amount to be refunded.	15b. \$	0.00
16. Amount owed.	16. \$	11,272.00
17a. Estimated penalty.	17a. \$	0.00
17b. Estimated interest.	17b. \$	0.00
18. Interest on underpayment of estimated tax: Attach Form 207I.	18. \$	0.00



< GOOD INSURANCE COMPANY

Confirmation

Your return has been submitted to the Connecticut Department of Revenue Services. The return will be posted to your account after your submission is processed. Your confirmation number is: **0-000-030-496**

Filing Details:

Date Submitted: 2/22/2024 10:32:07 AM
Customer Name: GOOD INSURANCE COMPANY
Tax Type: Domestic Insurance
Form Type: Form 207-DIN
Period End: 12/31/2023
Payment Type: ACH Debit/Direct Payment
Amount of Payment: \$11,272.00
Payment Date: 2/22/2024

If this is the first payment using this bank account through **myconneCT**, an account validation will be sent to the bank. The payment withdrawal from your bank may take **up to five (5) business days**. Once the payment has been processed from your bank, the original payment date will be honored.

Please Note: This account cannot be closed on myconneCT. DRS will close this account when it receives information from the Connecticut Department of Insurance that this company is no longer licensed in Connecticut.

OOPS? If you want to make a change, it is not too late. While a return is still pending, you can return to your account, view your submission, and edit as necessary.

Printable View

OK

Click **OK** to return to the Summary page.



Not seeing what you're looking for? Click the 'More...' tab for other options such as updating names, addresses, and viewing correspondence.

The status of the return is *Submitted*. Once the return has been processed, the status will display as *Return Filed*.

Summary Action Center ¹ Settings More...

Filter

Domestic Insurance
GOOD INSURANCE COMPANY
123 WEST PKWY
BRIDGEPORT CT 06604-1929
Action Center Items ¹

Return Period Ending On 31-Dec-2023 > [View Submission](#)
Annual Filer
Status
Submitted

Account > [View/File Returns and View Period Detail](#)
Account ID: 0199956003 > [Make an Estimated Payment](#)
CT Registration No: 101155170000 > [Make a Payment](#)
Balance
(\$829.40)

Available Prepayments > [View Prepayments](#)
Payments on File
\$1,000.00





[Log in](#)

[Forgot Username or Password?](#)

Logging in for the first time?

[Create a Username](#)

[Click here](#) for more tutorials!

> [Apply/Renew Tax Exemption Form](#)

> [File Returns/Extension](#)

> [Where's my refund?](#)

> [What's My 1099-G Amount?](#)

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> [New Businesses Portal](#)

> [Individual Income Tax Information](#)

> [Third Party Bulk Filers Information](#)

