

Form 207I

Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax

Calendar Year **2016**

Company name	Connecticut Tax Registration Number
--------------	-------------------------------------

See instructions on reverse side before completing this form.
 Complete this form in blue or black ink only.

Part I: Required Annual Payment

1. From the 2016 returns, enter the amount shown on Form 207 , Line 9; Form 207F , Line 16; or Form 207 HCC , Line 15. If the amount is less than \$1,000, do not complete this form.	1	
2. Multiply Line 1 by 90% (.90).....	2	
3. From the 2015 returns, enter the amount shown on Form 207 , Line 9; Form 207F , Line 16; or Form 207 HCC , Line 15.	3	
4. Enter the lesser of Line 2 or Line 3.	4	

Part II: Calculate Your Underpayment and Interest for Each Calendar Quarter

		A	B	C	D
5. Installment due dates	5	3-15-2016	6-15-2016	9-15-2016	12-15-2016
6. Enter the amount from Line 4 in Columns A through D.	6				
7. Estimated installment rate.....	7	.30	.30	.20	.20
8. Multiply Line 6 by Line 7.	8				
9. Enter payments made or overpayment applied from prior years, on or before the installment due date.....	9				
10. Subtract Line 9 from Line 8. If the result is less than or equal to zero, enter "0." See instructions if overpayment is established.	10				
11. Enter date of additional payment or overpayment applied, after the installment due date. If no additional payment or overpayment, enter earlier of due date of annual return or filing date of annual return. ...	11	mm dd yy / /	mm dd yy / /	mm dd yy / /	mm dd yy / /
12. Enter whichever is less: the number of months from the date on Line 5, Columns A through D, to the payment date shown on Line 11, Columns A through D; or 12 months for ESA; 9 months for ESB; 6 months for ESC; 3 months for ESD.....	12				
13. Multiply the number of months on Line 12 by 1% (.01).	13				
14. Interest due: Multiply Line 10 by Line 13.	14				
15. Enter the amount of payment made or overpayment applied on date shown on Line 11, Columns A through D.	15				
16. Subtract Line 15 from Line 10.....	16				
17. Enter the date of the next additional payment or overpayment applied that meets the balance on Line 16, Columns A through D. If no additional payment or overpayment, enter due date of annual return.	17	mm dd yy / /	mm dd yy / /	mm dd yy / /	mm dd yy / /
18. Enter the number of months from Line 11, Columns A through D, to date shown on Line 17, Columns A through D.....	18				
19. Multiply the number of months on Line 18 by 1% (.01).	19				
20. Interest due: Multiply Line 16 by Line 19.	20				
21. Total interest due: Add Line 14 and Line 20.	21				
22. Add Line 21, Columns A through D, and enter here and on 2016 Form 207 , Line 18; 2016 Form 207F , Line 25; or 2016 Form 207 HCC , Line 24.	22				

Form 207I Instructions

General Instructions

Complete this form in blue or black ink only.

Use **Form 207I**, *Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax*, to calculate the interest due on the underpayment of estimated insurance premiums tax or estimated health care center tax. Companies subject to a tax imposed under Chapter 207 of the Connecticut General Statutes are required to make estimated tax payments. See Conn. Gen. Stat. §12-204c.

If the company has made timely estimated tax payments and has paid at least 90% of the tax shown on the return for the current year, or at least 100% of the tax shown on the return for the prior year, at the required installment rate, the taxpayer is **not** subject to interest on unpaid installments of estimated tax and does **not** have to complete this form.

If the tax shown on the return for the current year is less than \$1,000, it is **not** necessary to complete this form.

Timely estimated payments must be made using the appropriate form listed below:

- **Form 207 ESA, ESB, ESC, and ESD**, *Estimated Insurance Premiums Tax Payment Coupon, Domestic Insurance Companies*;
- **Form 207F ESA, ESB, ESC, and ESD**, *Estimated Insurance Premiums Tax Payment Coupon, Nonresident and Foreign Insurance Companies*; **or**
- **Form 207 HCC ESA, ESB, ESC, and ESD**, *Estimated Health Care Center Tax Payment Coupon*.

Part I: Required Annual Payment

Line 1: Enter the amount of tax shown on your original 2016:

- **Form 207**, *Insurance Premiums Tax Return Domestic Companies*, Line 9;
- **Form 207F**, *Insurance Premiums Tax Return Nonresident and Foreign Companies*, Line 16; **or**
- **Form 207 HCC**, *Health Care Center Tax Return*, Line 15.

Do not subtract estimated payments.

Line 3: Enter the amount of tax shown on your original 2015:

- Form 207, Line 9;
- Form 207F, Line 16; **or**
- Form 207 HCC, Line 15.

Part II: Calculate Your Underpayment and Interest

Interest on underpaid installments is calculated under Conn. Gen. Stat. §12-204c.

Line 9: Enter any payment made or overpayment from the prior year claimed with intended installment and not previously entered in prior columns. The payment must be made or overpayment established on or before the due date of the intended installment.

Line 10: If an overpayment is established, it should be applied to the earliest underpaid installment.

Line 11: Payments accompanying estimated installments are applied against underpaid required installments in the order in which the installments must be paid.

Enter the date of the next additional payment or overpayment applied after the intended installment due date. If there are no additional payments or overpayments, enter the earlier of the due date of the annual tax return or the filing date of that return.

Lines 12 through 14: These lines are to calculate interest due on late payments and underpayments of the required estimated installments. The interest due is calculated at the rate of 1% per month or fraction of a month.

Line 15: Enter the amount of payment made or overpayment applied from each date indicated on Line 11, Columns A through D.

Line 17: Enter the date of the next additional payment or overpayment. If the taxpayer has multiple payments or overpayments, additional computations are required. Complete a worksheet or schedule and enter the result on Line 21, Columns A through D. Attach a copy of the worksheet or schedule to this form.

Lines 18 through 20: These lines are to calculate interest due when the taxpayer makes payments or has overpayments applied after the intended installment date.

Attach the completed 2016 Form 207I to the 2016:

- Form 207;
- Form 207F; **or**
- Form 207 HCC.

Pay Electronically

Visit www.ct.gov/TSC to pay make a direct tax payment electronically. 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.