(New 01/14)

Form 115NIN

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Nonadmitted Insurance Premium Tax Return Complete this return in blue or black ink only.

Taxpayer	Taxpayer name			Connecticut Tax Registration Number ►
Type or	Address Number a	d street	PO box	Federal Employer ID Number (FEIN) ►
print.	City, town, or post office	State	ZIP code	Date received (DRS use only) ►
	Address change			Amended return

Address change

Schedule of Insurance Purchased From Unauthorized Insurers Attach additional schedules as necessary Continue item numbering sequence

1. ► Contract number	,	ective date	Expiration d	ate	Gross premiums	
Insurer name					(whether or not the or exposures are v	
Address			State	ZIP code	Connecticut)	
Subject of insurance		otion of insurance			\$	
2. Contract number		ctive date Expiration date		Gross premiums		
Insurer name					(whether or not the or exposures are v	
Address	City		State	ZIP code	Connecticut)	
Subject of insurance	Descrip	otion of insurance			- \$	
3. ► Contract number	► Effe	ective date	Expiration d	ate	Gross premiums	
Insurer name					(whether or not the or exposures are v	
Address	City		State	ZIP code	Connecticut)	
Subject of insurance	Descrip	otion of insurance			\$	
4. ► Contract number	► Effe	ective date	Expiration d	ate		
Insurer name					Gross premiums (whether or not the	e risks
Address	City		State	ZIP code	or exposures are v Connecticut)	within
Subject of insurance	Descrip	otion of insurance			\$	
Make check payable to Commissioner of Revenue Services	1. Enter total g	gross premiums.		•	•	00
Mail to:		y Line 1 by 4% (.04	·).	I	•	00
Department of Revenue Services State of Connecticut	3. Penalty ►	Penalty ► + Interest ► =			00	
PO Box 2990 Hartford CT 06104-2990	4. Amount due	e: Add Line 2 and Li	ine 3.	I	•	00
Declaration: I declare under penalty of law the true, complete, and correct. I understand the imprisonment for not more than five years, or	penalty for willfully delive	ering a false return or doo	cument to the Department of	Revenue Services (DRS	is a fine of not more that	an \$5,000
Signature of principal office			Date		ne telephone number	- 3 -

Sign Here			()
Keep a copy for your	Print name of principal officer	Title	
records.	Paid preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name, address, and ZIP code		FEIN

Form 115NIN Instructions

Complete this return in blue or black ink only.

Who Must File

Each insured whose home state is Connecticut procuring, continuing, or renewing nonadmitted insurance whose effective date is on or after January 1, 2012 must file **Form 115NIN**, *Nonadmitted Insurance Premium Tax Return*, for the calendar quarter during which the nonadmitted insurance is procured, continued, or renewed, to report the insured's tax liability under Conn. Gen. Stat. §38a-277. Whether Connecticut is the home state of the insured, and whether insurance is nonadmitted insurance, is determined under of the Nonadmitted and Reinsurance Reform Act of 2010 (codified at 15 U.S.C. §§8201 to 8206, inclusive).

Form 115NIN should not be used to report tax on premiums collected by risk retention groups pursuant to Conn. Gen. Stat. §38a-254. Risk retention groups are required to file Form 115RRG, *Insurance Premium Tax Return Risk Retention Groups*.

This tax is not applicable to premiums on wet marine, transportation, individual life, or individual disability insurances.

Due Date

Calendar Quarter	Due Date
January 1 to March 31	May 15
April 1 to June 30	August 15
July 1 to September 30	November 15
October 1 to December 31	February 15

If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

Filing an Amended Return

If you make an error(s) on your return or need to report a cancellation (see *Gross Premiums*, below), you must file an amended return using Form 115NIN. Check the *Amended return* box on the front of the return. Complete Form 115NIN using the correct figures and attach supporting documentation.

Do not use Form 115NIN to amend a return for a calendar quarter beginning before January 1, 2012.

You must file an amended return claiming a refund of taxes paid within three years of the original due date of the return. An explanation of the claim for refund must accompany the amended return.

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. \$4.50 is rounded to \$5.00 and entered on a line.

Gross Premiums

In computing the tax, the insured is to report gross premiums, whether or not the risks or exposures are within Connecticut. Form 115NIN Back (New 01/14)

Gross premiums include all premiums, membership fees, assessments, dues, and any other consideration for insurance. However, where a policy covers risks or property located both in the United States and outside the United States, 100% of the premium attributable to risks or property located in the United States is subject to tax. The percentage of the premium attributable to risks or property located in a States is not subject to tax. Risks or property located in a State, as defined in the Nonadmitted and Reinsurance Reform Act of 2010, are considered to be located in the United States. State, as defined in the Nonadmitted and Reinsurance Reform Act of 2010, includes any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa.

This position applies to policies that have an effective date on or after July 1, 2011. If an insured filed a Form 115B or Form 115C for the third or fourth calendar quarter, respectively, of calendar year 2011, and reported premiums attributable to risks or property located outside the United States, and paid the Connecticut nonadmitted insurance premiums tax on those premiums, the insured may file an amended Form 115B or Form 115C, as the case may be.

In the event of cancellation and rewriting of any nonadmitted insurance contract, the premium shall be the premium in excess of the unearned premium of the cancelled insurance contract. An amended return for the quarter in which the premiums are reported should be filed to reflect this.

Penalty and Interest

In general, penalty and interest apply to any portion of the tax not paid on or before the original due date of the return. If you do not pay the tax when due, you will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

Late Payment Penalty: The penalty for late payment of tax is 10% of the tax due or \$50, whichever is greater.

Late Filing Penalty: The Commissioner of Revenue Services may impose a \$50 penalty for failure to file any return or report that is required by law to be filed.

Where to File

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "Form 115NIN" 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

For More Information

Call DRS during business hours, Monday through Friday: 8:30 a.m. to 4:30 p.m.

- **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 preview and download forms and publications.