



Form 115RRG
Connecticut Insurance Premiums
Tax Return - Risk Retention Groups
 (Rev. 12/18)

2018

Complete the return in blue or black ink.

| | | | | | |
|---|--|--|-------------------------------------|----------|--|
| Taxpayer name | | | Connecticut Tax Registration Number | | |
| Address | | | Number and street | | |
| City, town, or post office | | | State | ZIP code | |
| Federal Employer Identification Number (FEIN) | | | - | | |

Check if this is an amended return.

Change of address

| | | | |
|--|-----|--|-----|
| 1. Gross premiums received during the calendar year. | 1. | | .00 |
| 2. Tax: Multiply Line 1 by 4% (.04). | 2. | | .00 |
| 3a. If late: Penalty. See instructions. | 3a. | | .00 |
| 3b. If late: Interest. See instructions. | 3b. | | .00 |
| 3. Total penalty and interest: Add Line 3a and Line 3b. | 3. | | .00 |
| 4. Amount due for calendar year: Add Line 2 and Line 3. | 4. | | .00 |

Declaration: I declare under 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 the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

| | | | |
|--|------------------------------------|------------------------|------------------|
| Sign Here Keep a copy of this return for your records. | Signature of principal officer | Title | Date |
| | Print name of principal officer | | Telephone number |
| | Email address of principal officer | | |
| | Paid preparer's signature | Preparer's SSN or PTIN | Date |
| | Firm's name, address, and ZIP code | Firm's FEIN | Telephone number |

Form 115RRG Instructions

General Instructions

Who Must File

All premiums paid for coverages within Connecticut to a risk retention group or insurer, other than a captive insurance company or a licensed or eligible surplus lines insurer, are subject to a 4% (.04) tax under Conn. Gen. Stat. § 38a-254 and Conn. Gen. Stat. § 38a-277(c). As such, risk retention groups and insurers are required to file **Form 115RRG**, *Insurance Premiums Tax Return Risk Retention Groups*, to report said tax.

Information regarding the responsibilities of risk retention groups is located in Conn. Gen. Stat. §§ 38a-250 through 38a-278.

Form 115RRG should not be used to report tax on nonadmitted insurance as the term is defined by Conn. Gen. Stat. § 38a-277(f). Insureds who procure nonadmitted insurance are required to file **Form 115NIN**, *Nonadmitted Insurance Premium Tax Return*.

Please note that each form is year specific. To prevent any delay in processing your return or refund, the correct year's form must be submitted to DRS.

Due Date

Form 115RRG is due on or before March 1 following the close of the calendar year for insurance procured, continued, or renewed during the period beginning January 1 and ending December 31. If the due date is Saturday, Sunday, or a legal holiday, the return will be considered timely if filed by the next business day.

Filing an Amended Return

If you make an error(s) on your return, you must correct the error(s) by filing an amended return using a new Form 115RRG. Check the *Amended return* box on the front of the return. Complete Form 115RRG using the correct figures and information for the reporting period. 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.

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 \$75, 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

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

Make check payable to **Commissioner of Revenue Services**.

To ensure payment is applied to your account, write the calendar year of the return, "**Form 115RRG**", and your Connecticut Tax Registration Number on the front of your check.

DRS may submit your check to your bank electronically.

Line Instructions

Line 1

Enter the gross premiums for coverages within Connecticut received during the calendar year. The term premium shall include all premiums, membership fees, assessments, dues and any other consideration for insurance. In the event of cancellation and rewriting of any insurance contract the premium for said contract shall be the premium in excess of the unearned premium of the cancelled insurance contract. The risk retention group premium tax is not applicable to premiums on wet marine, transportation, individual life, or individual disability insurance.

If a policy covers risks or exposures only partially in Connecticut, the tax is computed on the portions of the premium allocated to the risks or exposures located in Connecticut. **Attach a copy of your allocation schedule to this return.**

Property coverage (including fire and allied lines, U&O, boiler, and machinery insurance): Allocate the coverages to Connecticut in the same proportion that the insured value of all properties in Connecticut bears to the insured value of properties everywhere.

Coverage on mobile equipment (trucks, automobiles, etc.): Allocate the coverages to Connecticut in the same proportion that the vehicles garaged in Connecticut bear to vehicles garaged everywhere.

Railroad rolling stock: Allocate the coverages to Connecticut in the same proportion that car days in Connecticut bear to car days everywhere.

Workers compensation: Allocate the coverages to Connecticut in the same proportion that payroll involving employees in Connecticut bears to total payroll everywhere.

Liability coverages (OL&T, M&C, etc.): Allocate the coverages to Connecticut in the same proportion that the number of insured locations in Connecticut bears to the number of insured locations everywhere.

Products liability: Allocate the coverages to Connecticut in the same proportion that exposure in Connecticut bears to exposure everywhere.

Example: Allocate aircraft products liability coverages to Connecticut in the same proportion that the number or air miles flown over Connecticut bears to the number of air miles flown everywhere, or that the number of passenger boardings in Connecticut bears to the number of passenger boardings everywhere.

Travel accident: Allocate the coverages to Connecticut in the same proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

Group life and group accident and health: Allocate the coverages to Connecticut in the same proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

See **Announcement 2014(1)**, *Corrective Guidance Regarding Filing Requirements for Risk Retention Groups*.

Tax Information

Telephone Assistance

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

- **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.