

Department of Revenue Services PO Box 2990 Hartford CT 06104-2990 207ES 0118W 01 9999



Form 207 ESA

2018 Estimated Insurance Premiums Tax - Domestic Insurance Companies

Payment Coupon - First Installment



2018
(Rev. 01/18)



See instructions below.

For calendar year ending	Connecticut Insurance Premiums Tax Registration Number	Federal Employer ID Number (FEIN)
Name of company		
		For DRS Use Only
Address of company (number and street)	PO Box	$\overline{M} \ \overline{M} \ - \overline{D} \ \overline{D} \ - \overline{Y} \ \overline{Y} \ \overline{Y} \ \overline{Y}$
City, town, or post office	State ZIP code	Payment amount due
		.00

Complete Schedule 1, on reverse, to calculate your payment amount.



Due date: March 15, of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Who Must File These Coupons

Each domestic insurance company that is carrying on an insurance business in Connecticut and whose insurance premiums tax, **after** the application of guaranty association assessment offsets, general business tax credits, and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more **must** file these coupons. Other domestic insurance companies should not file these coupons.

Due Date

March 15 of the calendar year for Form 207 ESA and June 15 of the calendar year for Form 207 ESB.

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Required Annual Payment

For estimated insurance premiums tax purposes, a domestic insurance company's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207 after the application of guaranty association assessment offsets and general business tax credits; or
- 100% of the tax shown on its prior year Form 207, Line 9.

Interest

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

Visit the DRS website at www.ct.gov/TSC to pay this return electronically.



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Form 207 ESB

2018 Estimated Insurance Premiums Tax - Domestic Insurance Companies

Payment Coupon - Second Installment

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2018



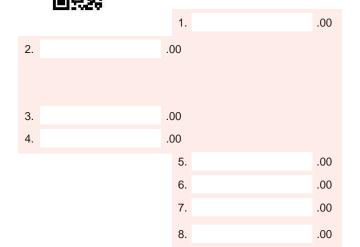
See instructions below.

For calendar	Connecticut Insurance Premiums Tax Registr	ration Number Federal Employer ID Number (FEIN)
year ending	•	>
Name of company		
		For DRS Use Only
Address of company (number and street)	PO Box	M M - D D - Y Y Y Y
City, town, or post office	State ZIP code	Payment amount due
		.00
		.00

Schedule 1 - First Installment Calculation

- 1. Tax shown on prior year Form 207, Line 9, multiplied by 30% (.30).
- Estimated insurance premiums tax due for the current year prior to the application of any tax credits or guaranty association assesment offsets.
- Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C.
- 4. Subtotal: Subtract Line 3 from Line 2.
- 5. Current year first installment: Multiply Line 4 by 27% (.27).
- 6. First installment due: Lesser of Line 1 or Line 5.
- 7. Overpayment from prior year applied to estimated tax for current year.
- 8. **Payment due with this coupon:** Subtract Line 7 from Line 6. Enter amount here and on Form 207 ESA, *Payment amount due* line.

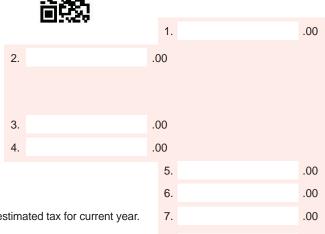
Form 207 ESA Back (Rev. 01/18)



Visit the DRS website at www.ct.gov/TSC to pay this return electronically.

Schedule 1 - Second Installment Calculation

- 1. Tax shown on prior year Form 207, Line 9, multiplied by 60% (.60).
- Estimated insurance premiums tax due for the current year prior to the application of any tax credits or guaranty association assesment offsets.
- Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C.
- 4. Subtotal: Subtract Line 3 from Line 2.
- 5. Current year second installment: Multiply Line 4 by 54% (.54).
- 6. Second installment due: Lesser of Line 1 or Line 5.
- 7. Amount paid with Form 207 ESA plus overpayment from prior year applied to estimated tax for current year.
- 8. Payment due with this coupon: Subtract Line 7 from Line 6. Enter amount here and on Form 207 ESB, Payment amount due line.



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Department of Revenue Services PO Box 2990 Hartford CT 06104-2990 207ES 0118W 01 9999



Form 207 ESC

2018 Estimated Insurance Premiums Tax - Domestic Insurance Companies

Payment Coupon - Third Installment



2018
(Rev. 01/18)



See instructions below.

For calendar year ending M M - D D - Y Y Y Y	Connecticut Insurance Premiums Tax Registration Number	Federal Employer ID Number (FEIN)
Name of company		
		For DRS Use Only
Address of company (number and street)	PO Box	M M - D D - Y Y Y Y
City, town, or post office	State ZIP code	Payment amount due
		.00

Complete Schedule 1, on reverse, to calculate your payment amount.



Due date: September 15 of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Who Must File These Coupons

Each domestic insurance company that is carrying on an insurance business in Connecticut and whose insurance premiums tax, **after** the application of guaranty association assessment offsets, general business tax credits, and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more **must** file these coupons. Other domestic insurance companies should not file these coupons.

Due Date

September 15 of the calendar year for Form 207 ESC and December 15 of the calendar year for Form 207 ESD.

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

Required Annual Payment

For estimated insurance premiums tax purposes, a domestic insurance company's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207 after the application of guaranty association assessment offsets and general business tax credits; or
- 100% of the tax shown on its prior year Form 207, Line 9.

Interest

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

Visit the DRS website at www.ct.gov/TSC to pay this return electronically.



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Form 207 ESD

2018 Estimated Insurance Premiums Tax - Domestic Insurance Companies

Payment Coupon - Fourth Installment



2018



See instructions below

		Payment Coupo	n - Fourth Installment		See instructions below.
For calendar year ending Name of company	Connecti	cut Insurance Pren	niums Tax Registration Numbe	r Federal Emp	oloyer ID Number (FEIN)
Address of company (number and street)		PO Box		For DRS Use Only	
City, town, or post office		State	ZIP code	Payment an	
o.i.y, 10, 5. pool 5.1160		Ciaio	3333	▶	.00

Complete Schedule 1, on reverse, to calculate your payment amount.

Schedule 1 - Third Installment Calculation 1. Tax shown on prior year Form 207, Line 9, multiplied by 80% (.80). 1. .00 2. Estimated insurance premiums tax due for the current year prior to the application of any tax credits or guaranty association assesment offsets. 2. .00 3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C. 3. .00 4. Subtotal: Subtract Line 3 from Line 2. .00 4. 5. Current year third installment: Multiply Line 4 by 72% (.72). .00 5. 6. Third installment due: Lesser of Line 1 or Line 5. 6. .00

7. Amount paid with Form 207 ESA and 207 ESB plus overpayment from prior year applied to estimated tax for

Form 207 ESC Back (Rev. 01/18)

8. Payment due with this coupon: Subtract Line 7 from Line 6.

Enter amount here and on Form 207 ESC, Payment amount due line.

current year.

Visit the DRS website at www.ct.gov/TSC to pay this return electronically.

Schedule 1 - Fourth Installment Calculation

- 1. Tax shown on prior year Form 207, Line 9.
- 2. Estimated insurance premiums tax due for the current year **prior to** the application of any tax credits or guaranty association assesment offsets.
- Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C.
- 4. Subtotal: Subtract Line 3 from Line 2.
- 5. Current year fourth installment: Multiply Line 4 by 90% (.90).
- 6. Fourth installment due: Lesser of Line 1 or Line 5.
- 7. Amount paid with Form 207 ESA, 207 ESB, and 207 ESC plus overpayment from prior year applied to estimated tax for current year.
- 8. Payment due with this coupon: Subtract Line 7 from Line 6. Enter amount here and on Form 207 ESD, *Payment amount due* line.

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2.	.00			
3.	.00			
4.	.00			
	5.	.00		
	6.	.00		
rom prior year applied to	7.	.00		
	8.	.00		

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