

**Form 207/207F EXT**  
**Application for Extension of Time to File**  
**Insurance Premiums Tax Return**

**207/207F EXT**  
**▶2002**

(Rev. 12/02)

**Important!** Please read instructions on reverse before completing this application.

<b>Taxpayer</b> (Please Type or Print)	Name of Company			CT Insurance Premiums Tax Reg. No.
	Address	Number and Street	PO Box	Date Received (For Department Use Only)
	City, Town, or Post Office	State	ZIP Code	Federal Employer Identification Number

**This is not an extension of time to pay tax. Penalties and interest may apply (See instructions).**

I request a six-month extension of time, to September 1, 2003, to file a Connecticut insurance premiums tax return for calendar year 2002.

The reason for the Connecticut extension request is .....

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**You will be notified only if your request is denied.**

1. Total insurance premiums tax liability for 2002. (You may estimate this amount.) You must enter an amount on Line 1. If you do not expect to owe tax, enter zero (0) .....	▶	1		
2. 2002 Connecticut estimated tax payments and any overpayments credited to 2002 .....	▶	2		
3. Insurance premiums tax balance due (Subtract Line 2 from Line 1). Pay in full with this form. If Line 2 is greater than Line 1, enter zero (0) .....	▶	3		

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

Write the company's Connecticut Insurance Premiums Tax Registration Number and "2002 Form 207/207F EXT" on your check.

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

**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 that the penalty for willfully delivering a false return or document to 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.

<b>Sign Here</b>  Keep a copy of this return for your records	Signature of Principal Officer	Title	Date
	Print Name of Principal Officer	Telephone Number (     )	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm Name and Address	Federal Employer Identification Number	

# Form 207/207F EXT Instructions

## Purpose

Use **Form 207/207F EXT**, *Application for Extension of Time to File Insurance Premiums Tax Return*, to request a six-month extension to file your Connecticut insurance premiums tax return.

## Request for Extension

An insurance company may request a six-month extension to file its Connecticut insurance premiums tax return provided there is reasonable cause for the request.

To request an extension of time to file a Connecticut insurance premiums tax return, you must file Form 207/207F EXT and pay all the tax you expect to owe on or before March 1, 2003.

Form 207/207F EXT **only** extends the **time to file** the insurance premiums tax return. Form 207/207F EXT **does not** extend the time to pay the amount of tax due.

**We will notify you only if the extension request is denied.**

## Interest and Penalties

In general, interest and penalty apply to any portion of the tax that is not paid on or before the original due date of the return. If the tax not paid when due, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, from the original due date of the return until the tax is paid in full.

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

**Late Filing Penalty:** If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

## Name, Address, and Tax Registration Numbers

Enter the company's name, address, Federal Employer Identification Number, and Connecticut Insurance Premiums Tax Registration Number in the spaces provided.

## Signatures

This form must be signed by a principal officer of the company or anyone with a signed Power of Attorney for a principal officer.

### Paid Preparer Signature

Paid preparers must sign and date Form 207/207F EXT. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

## Where to File

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

## For Further Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You may obtain forms and publications at any hour, seven days a week:

- **Internet:** Preview and download forms and publications from the DRS Web site: **[www.drs.state.ct.us](http://www.drs.state.ct.us)**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- **Telephone:** Call **1-860-297-5962** (from anywhere) or **1-800-382-9463** (toll-free in-state) and select **option 2** from a touch-tone phone.

**TTY, TDD, and Text Telephone users only** may transmit inquiries 24 hours a day, seven days a week by calling **860-297-4911**.