

# Form 115A

## Premium Tax Return

### Tax on Premiums Charged by Unauthorized Insurers

For Calendar  
Year

# 2006

Complete this return in blue or black ink only.

<b>Taxpayer</b> <small>(Type or Print)</small>	Taxpayer Name			Connecticut Tax Registration Number
	Address	Number and Street	PO Box	Federal Employer ID Number (FEIN)
	City, Town, or Post Office		State	ZIP Code

- Check if this is an amended return.  
 Check if your address has changed.

#### Schedule of Insurance Purchased From Unauthorized Insurers

A Contract Number	B Effective Date	C Expiration Date	D Name and Address of Insurance Company	E Subject of Insurance	F Description of Coverage	G Code (See Back)	H Premiums Allocated to Risks or Exposures in Connecticut
1. ▶	▶						\$
2. ▶	▶						\$
3. ▶	▶						\$
4. ▶	▶						\$
5. ▶	▶						\$

Attach additional schedules as necessary. Continue item numbering sequence.

Make checks payable to: <b>Commissioner of Revenue Services</b>  Mail to: <b>Department of Revenue Services</b> <b>PO Box 2990</b> <b>Hartford CT 06104-2990</b>	1. Enter total premiums charged in Connecticut. ▶		00
	2. Tax: Multiply Line 1 by 4% (.04). ▶		00
	3. Penalty ▶ _____ + Interest ▶ _____ =		00
	4. Amount due (Add Line 2 and Line 3.) ▶		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.

<b>Sign Here</b> <small>Keep a copy for your records.</small>	Signature of Principal Officer		Date	Daytime Telephone Number (     )	
	Print Name of Principal Officer		Title		
	Paid Preparer's Signature		Date	Preparer's SSN or PTIN	
	Firm's Name, Address, and ZIP Code			FEIN	

# Form 115A Instructions

Complete the return in blue or black ink only.

## Purpose

Each insured procuring, continuing, or renewing insurance with an unauthorized insurer on a subject of insurance resident, located, or to be performed in Connecticut must file **Form 115A, Premium Tax Return**, annually on or before March 1 to report its tax liability under Conn. Gen. Stat. §38a-277.

## Due Date

Payment of tax must be made on or before March 1, 2007, for insurance procured, continued, or renewed during the previous calendar year. If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

An insured must file **Form 115AR, Report of Procurement, Continuance, or Renewal of Insurance with Unauthorized Insurer**, within 60 days after the date the insurance was procured, continued, or renewed.

## Rounding Off to Whole Dollars

You must round off cents to the nearest whole dollar on your return and schedules. 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.

If you do not round DRS will disregard the cents.

## 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 115A. Check the box on the front of this return indicating this is an amended return. Complete Form 115A using the correct figures and information for the reporting period.

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

## Exemptions

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

## 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% (.01) 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% (.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.

## Premium Allocation Schedule

**Column G** - When computing the tax, premium includes all premiums, membership fees, assessments, dues, and any other consideration for insurance.

## Use the following codes in Column G:

Code A - Policy covers risks wholly within Connecticut.

Code B - Policy covers risks or exposures only partially within Connecticut.

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 to Connecticut in the proportion the insured value of all properties in Connecticut bears to the insured value of all properties everywhere.

**Coverage on mobile equipment** (trucks, automobiles, etc.) - allocate to Connecticut in the proportion vehicles garaged in Connecticut bear to vehicles garaged everywhere.

**Railroad rolling stock** - allocate to Connecticut in the proportion car days in Connecticut bear to car days everywhere.

**Workers compensation** - allocate to Connecticut in the proportion payroll involving employees in Connecticut bears to total payroll everywhere.

**Liability coverages** (OL&T, M&C, etc.) - allocate to Connecticut in the proportion the number of insured locations in Connecticut bears to the number of insured locations everywhere.

**Products liability** - allocate to Connecticut in the proportion exposure in Connecticut bears to exposure everywhere.

**Example:** Aircraft products liability - based on air miles flown over Connecticut in proportion to total air miles or passenger boardings within Connecticut to total passenger boardings everywhere.

**Travel accident** - allocate to Connecticut in the proportion the number of insured employees in Connecticut bears to the number of insured employees everywhere.

**Group life and group accident and health** - allocate to Connecticut in the proportion the number of insured employees in Connecticut bears to the number of insured employees everywhere.

## Statutory Reference

Information regarding the responsibilities of the insured and the unauthorized insurer is located in Conn. Gen. Stat. §§38a-271 through 38a-278.

## Where to File

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

DRS may submit your check to your bank electronically.

## For Further 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

Forms and publications are available anytime by:

- **Internet:** Visit the DRS Web site at [www.ct.gov/DRS](http://www.ct.gov/DRS) to preview and download forms and publications; **or**
- **Telephone:** Call **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) and select **Option 2** from a touch-tone phone, or call **860-297-4753** (from anywhere).