

# Form 115RRG

For calendar year:

# 2013

## Insurance Premium Tax Return Risk Retention Groups

(New 01/14)

Complete this return in blue or black ink only.

<b>Taxpayer</b>  Type or print.	Taxpayer name		Connecticut Tax Registration Number
	Address	Number and street	Federal Employer ID Number (FEIN)
	City, town, or post office	State	Date received (DRS use only)

Address change

Amended return

<b>1.</b> Enter total gross premiums for calendar year 2013. ....	▶	1.		00
<b>2.</b> Tax: Multiply Line 1 by 4% (.04). ....	▶	2.		00
<b>2a.</b> First quarter tax, penalty, and interest paid during calendar year 2013. ....	2a.		00	
<b>2b.</b> Second quarter tax, penalty, and interest paid during calendar year 2013. ....	2b.		00	
<b>2c.</b> Third quarter tax, penalty, and interest paid during calendar year 2013. ....	2c.		00	
<b>2d. Total payments:</b> Add Lines 2a, 2b, and 2c. ....	2d.		00	
<b>2e.</b> Amount due for calendar year 2013: Subtract Line 2d from Line 2. ....		2e.		00
<b>3. Penalty and interest for original annual return.</b> Penalty ▶ _____ + Interest ▶ _____ = .....		3.		00
<b>4.</b> Amount due for calendar year 2013: Add Line 2e and Line 3. ....	▶	4.		00

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

Mail to:

Department of Revenue Services  
 State of Connecticut  
 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 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, 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 for your records.	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 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.**

### Due Date

Form 115RRG is due on or before March 1 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 next business day becomes the due date.

### 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. 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.

### 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 "**2013 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, memberships, 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.

### Lines 2a through 2d

Enter all quarterly payments made with **Form 115NIN, Nonadmitted Insurance Premium Tax Return**, in Lines 2a, 2b, and 2c. Include any penalty and interest paid.

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](http://www.ct.gov/DRS) to preview and download forms and publications.