



Form 207F

Connecticut Insurance Premiums Tax Return - Nonresident and Foreign Companies

(Rev. 12/19)

2019

Complete the return in blue or black ink. Do not use staples.

Name of company			Connecticut Tax Registration Number		
<input type="text"/>			<input type="text"/>		
Address of company		Number and street	PO Box		Federal Employer Identification Number (FEIN)
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
City, town, or post office		State	ZIP code	NAIC Company Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
			-	Organized under the laws of	
				<input type="text"/>	

General Information

A. Check if this is an amended return.

B. Change of: Address Domicile, enter new domicile:

C. If this is a short period, enter period covered by this return: - to -
M M - D D - Y Y Y Y M M - D D - Y Y Y Y

D. If this is a final return, is the insurance company:
 No longer licensed in Connecticut; out of business Merged/reorganized
Enter survivor's CT Tax Registration Number

E. The insurance company is currently in:
 Receivership Rehabilitation Liquidation Date entered into: -
M M - D D - Y Y Y Y

Complete Insurance Premiums Tax Calculation on reverse.

Visit the Department of Revenue Services (DRS) website at portal.ct.gov/TSC to pay electronically.

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 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Print name of principal officer		Telephone number
	<input type="text"/>		<input type="text"/>
	Email address of principal officer		
	<input type="text"/>		
	Paid preparer's signature	Date	Preparer's SSN or PTIN
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Firm's name, address, and ZIP code		Firm's FEIN
	<input type="text"/>		<input type="text"/>
			Telephone number
			<input type="text"/>



[Empty box for CT Tax Registration Number]

Insurance Premiums Tax Calculation: See instructions.

1	Enter gross direct premiums received during the calendar year. See instructions.	1.	▶		.00
2	Dividends paid: See instructions.	2.	▶		.00
3	Net direct premiums from ocean marine insurance on Connecticut property. See instructions.	3.	▶		.00
4	Benefit payments from group health insurance premiums. See instructions.	4.	▶		.00
5	Total deductions: Add Lines 2, 3, and 4.	5.	▶		.00
6	Taxable premiums: Subtract Line 5 from Line 1.	6.	▶		.00
7	Multiply Line 6 by 1.50% (.0150).	7.	▶		.00
8	Taxes and other obligations on retaliatory basis: See instructions.	8.	▶		.00
9	Other obligations paid to Connecticut: See instructions.	9.	▶		.00
10	Retaliatory computation: Subtract Line 9 from Line 8.	10.	▶		.00
11	Tax: Enter Line 7 or Line 10 amount, whichever is greater.	11.	▶		.00
12	Enter amount from Form CT-207K , Part 4, Line 36, Column C.	12.	▶		.00
13	Enter CIGA assessment credit. See instructions.	13.	▶		.00
14	Enter CLHIGA assessment credit. See instructions.	14.	▶		.00
15	Total credits: Add Lines 12, 13, and 14.	15.	▶		.00
16	Net tax: Subtract Line 15 from Line 11. If less than zero, enter zero "0."	16.	▶		.00
17	Overpayment applied from prior year.	17.	▶		.00
18	Payments made with estimated tax payment coupons Forms 207F ESA, ESB, ESC, and ESD.	18.	▶		.00
19	Payments made with extension request Form 207F EXT	19.	▶		.00
20	Total prior payments: Add Lines 17, 18, and 19.	20.	▶		.00
21	If Line 20 is greater than Line 16, enter amount overpaid.	21.	▶		.00
22a.	Amount to be applied to 2020 estimated tax. 22a.	▶			.00
22b.	Amount to be refunded. 22b.	▶			.00
22.	Total amount applied and refunded: Add Line 22a and Line 22b.	22.	▶		.00

For faster refund, use Direct Deposit by completing Lines 22c, 22d, and 22e.

22c.	Checking ▶ <input type="checkbox"/> Savings ▶ <input type="checkbox"/>	22e.	Account number ▶		
22d.	Routing number ▶	22f.	Will this refund go to a bank account outside the U.S.? ▶	<input type="checkbox"/> Yes	
23.	If Line 16 is greater than Line 20, enter amount owed.	23.	▶		.00
24a.	If late: Penalty. See instructions. 24a.	▶			.00
24b.	If late: Interest. See instructions. 24b.	▶			.00
24.	Total penalty and interest: Add Line 24a and Line 24b.	24.	▶		.00
25.	Interest on underpayment of estimated tax: Attach Form 207I . See instructions.	25.	▶		.00
26.	Balance due with this return: Add Lines 23, 24, and 25.	26.	▶		.00

Form 207F Instructions

General Instructions

Complete this return in blue or black ink only. Do not use staples.

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

Due Date: This return is due on or before March 1, 2020, for insurance premiums tax liability for calendar year 2019.

Attachments: Attach the following to this return:

- A copy of Schedule T, as filed with the Connecticut Insurance Department;
- Connecticut business page from the Annual Statement filed with the Connecticut Insurance Department;
- 2019 Schedule GAA, if applicable;
- 2019 Form 207I, if applicable;
- 2019 Form CT-207K, if applicable;
- Any forms, certificates, and/or supporting documents required to claim credits, if applicable; **and**
- Forms and worksheets required for the retaliatory calculation.

Attention IL and NY companies: You must file an extension of time to file this return (**Form 207F EXT, Application For Extension of Time To File Nonresident and Foreign Insurance Premiums Tax Return**) if you have not filed the following returns with the Illinois Department of Revenue or New York Department of Taxation & Finance, as applicable, by March 1, 2020:

- New York Form CT-33, Insurance Corporation Franchise Tax Return, and Form CT-33-M, Insurance Corporation MTA Surcharge Return;
- New York Form CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return, and Form CT-33-M, Insurance Corporation MTA Surcharge Return;
- New York Form CT-33-A, Life Insurance Corporation Combined Franchise Tax Return, and Form CT-33-M, Insurance Corporation MTA Surcharge Return; **or**
- Illinois Form IL-1120, Corporation Income and Replacement Tax Return.

When you file this return, you must include a copy of the above return(s), as applicable, as well as said returns computed for Connecticut retaliatory purposes. For more information see **Policy Statement 2003(7), Instructions for Claiming a Refund or Credit of Insurance Premiums Tax and Special Instructions or New York and Illinois Insurance Companies.**

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your return and schedules.

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 207F and checking the amended box at the top of the return. Complete Form 207F using the correct figures and information for the reporting period.

You must file an amended return claiming a refund within three years of the due date for which the overpayment was made. Attach an explanation of the claim to the amended return.

Line Instructions

Line 1: Enter gross direct premiums less return premiums, including cancellations, received during the calendar year from policies written on property or risks located or resident in this state, but excluding annuity considerations and premiums received for reinsurance assumed from other companies.

Line 2: Enter dividends paid to policyholders on direct business. Do not include any dividends paid on account of the ownership of stock.

Line 3: Enter net direct premiums received during the calendar year from ocean marine insurance policies written on property located in Connecticut.

Line 4: Enter benefit payments from group health insurance premiums to the extent allowed by Conn. Gen. Stat. § 12-210a.

Line 8 and Line 9: Summarize and attach schedules to support taxes and other obligations claimed on Line 8. Apply Connecticut data to your state's forms for fire marshal, franchise, ocean marine, premium, and other taxes to determine the amounts that a Connecticut insurance company would be required to pay in your state.

Line 8 and Line 9 include other taxes and assessments net of tax offsets allowed. Do not include ad valorem taxes on real or personal property, personal income taxes, fees for agents' licenses, or special purpose assessments including but not limited to workers compensation assessments and insurance guaranty fund assessments.

Line 12: If your company is claiming Connecticut tax credits, **Form CT-207K, Insurance/Health Care Tax Credit Schedule**, must be completed and attached to this return. Include any forms, certificates, and/or supporting documents required to claim credits, if applicable.

Line 13 and Line 14: To claim CIGA and CLHIGA assessment credits, you must complete and attach a 2019 **Schedule GAA, Insurance Guaranty Association Credit**.

Line 19: Enter payments made with **Form 207F EXT, Application for Extension of Time to File Insurance Premiums Tax Return Nonresident and Foreign Companies**. To request an extension of time to file Form 207F, a company must file Form 207F EXT and pay all the tax it expects to owe on or before March 1, 2020.

Line 21: If Line 20 is greater than Line 16, subtract Line 16 from Line 20. This is the amount you overpaid.

Line 22: Add Line 22a and Line 22b. **Your election to apply your overpayment to your 2020 estimated insurance premiums tax or to have your overpayment refunded to you is irrevocable.**

Line 22a: Enter the amount of overpayment you want applied to your 2020 estimated insurance premiums tax. The overpayment will be treated as an estimated tax payment made on the fifteenth day of March of the calendar year it is being applied to if this return is filed on time or if the tax return is filed within the extension period if a timely request for extension was filed. **A request to apply an overpayment to the following year is irrevocable.**

Line 22b: Enter the amount of overpayment you want refunded to you.

Lines 22c through 22e: Get your refund faster by choosing direct deposit. Complete Lines 22c, 22d, and 22e to have your refund directly deposited into your checking or savings account.

Enter your nine-digit bank routing number and your bank account number in Lines 22d and 22e. Your bank routing number is the first nine-digit number printed on your check or savings account. Your bank account number generally follows the bank routing number. Do not include the check number as part of your account number. Bank account numbers can be up to 17 characters. If any of the bank information you supply for direct deposit does not match or you close the applicable bank account prior to the deposit of the refund, your refund will automatically be mailed.

The diagram shows a check stub with the following fields: Name of Depositor, Street Address, City, State, Zip Code, Date, No. 101, Pay to the Order of, \$, Name of your Bank, Street Address, City, State, Zip Code, Routing Number (092125789), Account Number (091 025 025413), and 0101. Arrows point from the text 'Routing Number' and 'Account Number' to the corresponding fields in the diagram.

Line 22f: Federal banking rules require DRS to request information about foreign bank accounts when the taxpayer requests the direct deposit of a refund into a bank account. If the refund is to be deposited in a bank outside of the United States, DRS will mail the refund.

Line 23: If Line 16 is greater than Line 20, subtract Line 20 from Line 16. This is the amount of tax you owe.

Line 24a: Late Payment Penalty: Multiply Line 23 by 10%. Enter the result or \$50, whichever is greater.

Line 24b: Multiply Line 23 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 25: If estimated tax was underpaid, complete and attach **Form 2071, Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax**, and enter the amount from Form 2071, Line 22.

Line 26: Add Lines 23, 24, and 25.

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

To ensure payment is applied to your account, write **“2019 Form 207F”** and your Connecticut Tax Registration Number on the front of your check.

DRS may submit your check to your bank electronically.

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

Signature: The treasurer of the company, or a principal officer of the company, must sign Form 207F.

Paid Preparer Signature: A paid preparer must sign and date Form 207F. 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.

Pay Electronically

Visit portal.ct.gov/TSC to make a direct tax payment. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. If you pay electronically, you must still file your return on or before the due date.



For More Information

Call DRS during business hours, Monday through Friday:

- **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 portal.ct.gov/DRS to download and print Connecticut tax forms and publications.