

Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990 207 1220W 01 9999



Form 207

(Rev. 09/21)

Connecticut Insurance Premiums Tax Return - Domestic Companies



Form 207 can be filed and paid electronically using myconneCT at portal.ct.gov/DRS-myconneCT.



			0
Name of company			Connecticut Tax Registration Number
			-
Address of company	Number and street	PO Box	Federal Employer Identification Number (FEIN)
			>
City, town, or post office	State	ZIP code	NAIC Company Code
		-	•
		-	

General Information

A.	A. ▶ Check if this is an amended return.										
B.	B. Change of: ► Address ► Domicile, enter new domicile:										
C.	C. If this is a short period, enter period covered by this return: The short period, enter period covered by this return: The short period, enter period covered by this return: The short period, enter period covered by this return: The short period covered by this return: The short period covered by this return:										
D. If this is a final return, is the insurance company:											
	•	No longer lice	ensed in Cor	necticut; out of business	Me	erged/reorganized ►					
E.	The in	nsurance compa	any is curren	tly in:				Enter survivo	or's CT Tax Regi	stration Number	
		Receivership	>	Rehabilitation		Liquidation	Date ei	ntered into:	-	-	
									M M - D D	- <u>Y Y Y Y</u>	

Complete Insurance Premiums Tax Calculation on reverse.

Visit the Department of Revenue Services (DRS) website at portal.ct.gov/DRS-myconneCT to file and 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.

	Signature of principal officer	Title		Date	
Sign				M M - D D - Y Y Y	
Here	Print name of principal officer			Telephone number	
Keep a copy	Email address of principal officer				
of this					
return for your	Paid preparer's signature	Date		Preparer's SSN or PTIN	
records.					
		M M - D D - Y Y	<u>Y</u> <u>Y</u>		
	Firm's name, address, and ZIP code		Firm's FEIN	I	
			Telephone i	number	





CT Ta	x Registration	n Number		

Ins	urance Premiums	Гах Calculation	: See instruction	ns.					
1.	Gross direct premiums received during the calendar year: See instructions.					1.	•	.00	
2.	2. Dividends paid: See instructions.						2.	>	.00
3.	Taxable premiums:	Subtract Line 2	from Line 1.				3.	>	.00
4.	Tax: Multiply Line 3	by 1.50% (.015	0).				4.	>	.00
5.	Enter amount from	Form CT-207K,	Part 4, Line 36,	Colum	n C.		5.	>	.00
6.	Enter your CIGA as	sessment credit	. See instructior	ıs.			6.	>	.00
7.	Enter your CLHIGA	assessment cre	edit. See instruc	tions.			7.	>	.00
8.	Add Lines 5, 6, and	7.					8.	>	.00
9.	9. Net tax: Subtract Line 8 from Line 4. If less than zero, enter zero "0."							>	.00
10.	10. Overpayment applied from prior year							>	.00
11.	Payments made with	n estimated tax p	ayment coupons	Forms	207	ESA, ESB, ESC, and ESD	11.	>	.00
12.	12. Payments made with extension request Form 207/207 HCC EXT							>	.00
13.	13. Total prior payments: Add Lines 10, 11, and 12.							>	.00
14.	If Line 13 is greater	than Line 9, en	er amount over	paid.			14.	>	.00
15	a. Amount to be appl	ied to 2021 estir	nated tax	15a.	•		.00		
15b. Amount to be refunded 15b.							.00		
15.	15. Total amount applied and refunded: Add Line 15a and Line 15b. For faster refund, use Direct Deposit by completing Lines 15c, 15d, and 15e.							.00	
15	oc. Checking ►	Savings ►	15e. Accour						
15	od. Routing number ▶				15f.	Will this refund go to a ban	ık acc	count outside the U.S.? ▶	Yes
16.	16. If Line 9 is greater than Line 13, enter amount owed.						16.	•	.00
178	17a. If late: Penalty. See instructions.						.00		
17l	17b. If late: Interest. See instructions.						.00		
17.	17. Total penalty and interest: Add Line 17a and Line 17b.						17.		.00
18.	18. Interest on underpayment of estimated tax: Attach Form 207I. See instructions.					18.	>	.00	
19. Balance due with this return: Add Lines 16, 17, and 18.					19.	•	.00		

Form 207 Instructions

General Instructions

Form 207 is due on or before March 1, 2021, for insurance premiums tax liability for calendar year 2020.

Filing and Paying Electronically

Form 207 can be filed and paid electronically using myconneCT. DRS myconneCT allows taxpayers to electronically myconne L file, pay and manage state tax responsibilities.



Filing and Paying by Mail

If you file by mail, 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.

Mail this return to:

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

If you pay by mail, make check payable to Commissioner of Revenue Services. Write "2020 Form 207" and your Connecticut Tax Registration Number on the front of your check. DRS may submit your check to your bank electronically.

Attachments: Attach the following to this return:

- A copy of Schedule T, as filed with the Connecticut Insurance Department;
- Connecticut state business page from the Annual Statement filed with the Connecticut Insurance Department;
- 2020 Schedule GAA, if applicable;
- 2020 Form 207I, if applicable;
- 2020 Form CT-207K, if applicable; and
- Any forms, certificates, and/or supporting documents required to claim credits, if applicable.

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

You must file an amended return claiming a refund of a tax overpayment 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 residents 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 5: 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 6 and Line 7: To claim CIGA and CLHIGA assessment credits, you must complete and attach a 2020 Schedule GAA. Insurance Guaranty Association Credit.

Line 10: Overpayment applied from prior year.

Line 11: Enter estimated payments made with Forms 207 ESA, ESB, ESC, and ESD, Estimated Insurance Premiums Tax -Domestic Insurance Companies Payment Coupon.

Line 12: Enter payment made with Form 207/207 HCC EXT, Application for Extension of Time to File Domestic Insurance Premiums Tax Return or Health Care Center Tax Return. To request an extension of time to file Form 207, a company must file Form 207/207 HCC EXT and pay all the tax it expects to owe on or before March 1, 2021.

Line 14: If Line 13 is greater than Line 9, subtract Line 9 from Line 13. This is the amount you overpaid.

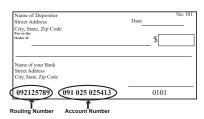
Line 15a: Enter the amount of overpayment you want applied to your 2021 estimated insurance premiums tax. The overpayment will be treated as an estimated tax payment made on the fifteenth day of March of the calendar year it is being applied to if this return is filed on time or if the tax return is 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 15b: Enter the amount of overpayment you want refunded to you.

Line 15: Add Line 15a and Line 15b. Your election to apply your overpayment to your 2021 estimated insurance premiums tax or to have your overpayment refunded to you is irrevocable.

Lines 15c through 15e: Get your refund faster by choosing direct deposit. Complete Lines 15c, 15d, and 15e 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 15d and 15e. 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.

Line 15f: 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 16: If Line 9 is greater than Line 13, subtract Line 13 from Line 9. This is the amount of tax you owe.

Line 17a: Late Payment Penalty: Multiply Line 16 by 10%. Enter the result or \$50, whichever is greater.

Line 17b: Multiply Line 16 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 18: If estimated tax was underpaid, complete and attach **Form 207I**, *Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax*, and enter the amount from Form 207I, Line 22.

Line 19: Add Lines 16, 17, and 18.

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

Paid Preparer Signature: A paid preparer must sign and date Form 207. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) and their firm's Federal Employer ID Number (FEIN) in the spaces provided.

For Further Information

Visit the DRS website at **portal.ct.gov/DRS** for more information.

Call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at:

- 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. Taxpayers may also call 711 for relay services. A taxpayer must tell the 711 operator the number he or she wishes to call. The relay operator will dial it and then communicate using a TTY with the taxpayer.

E-Services Update

A new modernized system, **myconneCT**, will replace the **TSC** (Taxpayer Service Center) as part of a multi-year, multi-phase project. Many tax types are already able to be filed using **myconneCT** and more will be added each year. Use **myconneCT** to file taxes, make payments, view filing history, and communicate with the agency simply and more efficiently on virtually any mobile device, including laptops, tablets, and smartphones, 24 hours a day, 7 days a week. For updated information on the progress of this project and the transition schedule for specific taxes, please visit the DRS website at **portal.ct.gov/DRS-myconneCT**.