



**Form 207**  
**Connecticut Insurance Premiums**  
**Tax Return - Domestic Companies**  
(Rev. 12/24)

2024



File and pay Form 207 electronically using myconnect at [portal.ct.gov/DRS-myconnect](https://portal.ct.gov/DRS-myconnect).

Name of company <b>This return MUST be filed electronically!</b>			Connecticut Tax Registration Number		
Address of company			Federal Employer Identification Number (FEIN)		
Number and street			NAIC Company Code		
PO Box			Amount of credit to be issued in the form of a refund requested: ..... .00		
<b>DO NOT MAIL paper tax return to DRS.</b>					
City, town, or post office					
State					
ZIP code					
Is this insurance company requesting a refund for the student loan payment tax credit?					
▶ <input type="checkbox"/> Yes (File Form CT-RSLP separately.)					

**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/DRS-myconnect](https://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.

<b>Sign Here</b> Keep a copy of this return for your records.	Signature of principal officer <b>This return MUST be filed electronically!</b>	Title _____	Date ____ - ____ - ____ M M - D D - Y Y Y Y
	Print name of principal officer <b>DO NOT MAIL paper tax return to DRS.</b>		Telephone number ____ - ____ - ____
	Email address of principal officer _____		
	Paid preparer's signature _____	Date ____ - ____ - ____ M M - D D - Y Y Y Y	Preparer's SSN or PTIN ____ - ____ - ____
	Firm's name, address, and ZIP code _____		Firm's FEIN ____ - ____ - ____ Telephone number ____ - ____ - ____



CT Tax Registration Number

**Insurance Premiums Tax Calculation:** See instructions.

1. Gross direct premiums received during the calendar year: See instructions.	1.	▶	<input type="text"/>	.00
2. Dividends paid: See instructions.	2.	▶	<input type="text"/>	.00
3. Taxable premiums: Subtract Line 2 from Line 1.	3.	▶	<input type="text"/>	.00
4. Tax: Multiply Line 3 by 1.50% (.0150).	4.	▶	<input type="text"/>	.00
5. Enter amount from <b>Form CT-207K</b> , Part 4, Line 37, Column C.	5.	▶	<input type="text"/>	.00
6. Enter your CIGA assessment credit. See instructions.	6.	▶	<input type="text"/>	.00
7. Enter your CLHIGA assessment credit. See instructions.	7.	▶	<input type="text"/>	.00
8. Add Lines 5, 6, and 7.	8.	▶	<input type="text"/>	.00
9. Net tax: Subtract Line 8 from Line 4. If less than zero, enter zero "0."	9.	▶	<input type="text"/>	.00
10. Overpayment applied from prior year	10.	▶	<input type="text"/>	.00
11. Payments made with estimated tax payment coupons <b>Forms 207 ESA, ESB, ESC, and ESD</b>	11.	▶	<input type="text"/>	.00
12. Payments made with extension request <b>Form 207 EXT</b>	12.	▶	<input type="text"/>	.00
13. Total prior payments: Add Lines 10, 11, and 12.	13.	▶	<input type="text"/>	.00
14. If Line 13 is greater than Line 9, enter amount overpaid.	14.	▶	<input type="text"/>	.00
15a. Amount to be applied to 2025 estimated tax	15a.	▶	<input type="text"/>	.00
15b. Amount to be refunded	15b.	▶	<input type="text"/>	.00
15. Total amount applied and refunded: Add Line 15a and Line 15b.	15.		<input type="text"/>	.00
<b>For faster refund, use Direct Deposit by completing Lines 15c, 15d, and 15e.</b>				
15c. Checking ▶ <input type="checkbox"/> Savings ▶ <input type="checkbox"/>	15e. Account number ▶	<input type="text"/>		
15d. Routing number ▶ <input type="text"/>	15f. Will this refund go to a bank account outside the U.S.?	▶	<input type="checkbox"/>	Yes
16. If Line 9 is greater than Line 13, enter amount owed.	16.	▶	<input type="text"/>	.00
17a. If late: Penalty. See instructions.	17a.	▶	<input type="text"/>	.00
17b. If late: Interest. See instructions.	17b.	▶	<input type="text"/>	.00
17. Total penalty and interest: Add Line 17a and Line 17b.	17.		<input type="text"/>	.00
18. Interest on underpayment of estimated tax: Attach <b>Form 207I</b> . See instructions.	18.	▶	<input type="text"/>	.00
19. <b>Balance due</b> with this return: Add Lines 16, 17, and 18.	19.	▶	<input type="text"/>	.00

# Form 207 Instructions

## General Instructions

**Form 207** is due on or before March 1, 2025, for an insurance premiums tax liability for calendar year 2024.

## Filing and Paying Electronically

File and pay Form 207 electronically using **myconneCT**. DRS **myconneCT** allows taxpayers to electronically file, pay and manage state tax responsibilities.



## Filing and Paying by Mail

Those granted an electronic filing and payment waiver may file by paper and make payment by check. Complete this return in blue or black ink only. Do not use staples. To request a one-year waiver from the electronic filing requirement, visit [portal.ct.gov/DRS](https://portal.ct.gov/DRS) and complete **Form DRS-EWVR, Electronic Filing and Payment Waiver Request**.

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.

If you pay by mail, make check payable to **Commissioner of Revenue Services**. Write "**2024 Form 207**" and your Connecticut Tax Registration Number on the front of your check. DRS may submit your check to your bank electronically.

Mail paper return to:

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

**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;
- 2024 Schedule GAA, if applicable;
- 2024 Form 207I, if applicable;
- 2024 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. If you do not round, 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), then round the total to \$5.00 and enter it on a line.

## Filing an Amended Return

If you make an error on your return, you must correct the error by filing an amended return using a new Form 207, using **myconneCT**. Check the box to indicate this is an amended return and complete the form using the correct figures and information for the reporting period.

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

## Requesting a Refund for the Student Loan Payment Tax Credit

### Credit to be Issued in the Form of a Refund Application Procedure

Check the **Yes** box if the insurance company is requesting a refund for the Student Loan Payment tax credit available under Conn. Gen. Stat. § 12-217qq. Enter the amount of credit refund requested in the space provided on Page 1 of Form 207.

File **Form CT-RSLP, Application for Refund of Student Loan Payment Tax Credits by a Qualified Small Business**, separately from Form 207. Attach **Form CT-SLP, Student Loan Payment Tax Credit**, and all required supporting schedules and documentation to Form CT-RSLP. At the same time as filing Form 207, mail the completed application and supporting information to:

Department of Revenue Services  
State of Connecticut  
PO Box 150420  
Hartford, CT 06115-0420

## 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 Center 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 2024 **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 EXT, Application for Extension of Time to File Connecticut Domestic Insurance Premiums Tax Return**. To request an extension of time to file Form 207, a company must file Form 207 EXT and pay all the tax it expects to owe on or before March 1, 2025.

**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 2025 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 2025 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.

Name of Depositor	Date	No. 101
Street Address		
City, State, Zip Code		
Pay to the Order of	\$	
Name of your Bank		
Street Address		
City, State, Zip Code		
092125789	091 025 025413	0101
Routing Number	Account Number	

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 2071, Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax**, and enter the amount from Form 2071, 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.

**E-Services Update**

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, please visit the DRS website at [portal.ct.gov/DRS-myconneCT](http://portal.ct.gov/DRS-myconneCT).