Department of Revenue Services State of Connecticut

Form 207F-5

(Rev. 10/24)

Company name

Insurance Premiums Tax Return Nonresident and Foreign Companies Initial Five-Year Return

20___



Connecticut Tax Registration Number

File and pay Form 207F-5 electronically using myconneCT at portal.ct.gov/DRS-myconneCT.

				•			
Address line 1 Federal			ederal Er	al Employer ID Number (FEIN)			
Add	lress line 2		•				
				nized under the laws of			
City, town, or post office State ZIP code							
Ent	er 5-year	period start dateEnter 5-year period end date					
Ent	er Conne	cticut Insurance License date					
		mm dd yyyy					
1.	Enter gros	ss direct premiums received during the taxpayer's five preceding calendar years.	,	1		.00	
2.	Dividends paid to policyholders on direct business during the five preceding calendar years not including dividends paid on account of ownership of stock.			2).	.00	
3.		premiums received during the five preceding calendar years from ocean marine insurance policic property located in this state.	es	▶ 3	3.	.00	
4.	Benefit pa	yments from group health insurance premiums to the extent allowed by Conn. Gen. Stat. § 12 five preceding calendar years.	-210a	4	ļ.	.00	
5.	Total dedu	uctions: Add lines 2, 3, and 4.	•	5	j.	.00	
6.	7. Taxable premiums: Subtract Line 5 from Line 1.			6	j.	.00	
7.	7. Multiply Line 6 by 1.5% (.015)			> 7		.00	
8.	8. Taxes and other obligations on retaliatory basis: See instructions.			8	5.	.00	
9.	9. Other obligations paid to Connecticut: See instructions.			9	1.	.00	
10.	Retaliator	y computation: Subtract Line 9 from Line 8.	1	1 (0.	.00	
11.	1. Tax: Enter Line 7 or Line 10 amount, whichever is greater.			► 1 ⁻	1.	.00	
12.	2. If late: penalty ►(12a) \$ plus interest ►(12b) \$			12	2.	.00	
13.	Balance d	ue with this return: Add Line 11 and Line 12.	•	1 3	3.	.00	
Mał	ke check p	payable to Commissioner of Revenue Services.					
belie	f, it is true, c	declare under penalty of law that I have examined this return (including any accompanying schedules and somplete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is in five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information	a fine of r	ot mo	ore than \$5,000,	or imprisonment	
		Signature of principal officer Title	Date				
Sign Here		Print name of principal officer	Telephone number				
Кеер а сору							
	his return	Email address of principal officer					
for your records.		Paid preparer's signature Date	Preparer's SSN or PTIN				
		Firm's name and address	FEIN				

Form 207F-5 Instructions

General Instructions

Use Form 207F-5 to report net direct premiums received during the five preceding calendar years from policies written on property or risks located or resident in Connecticut except ocean marine insurance.

Each newly licensed nonresident or foreign insurance company must file this return within 90 days of the company's initial license to transact business in Connecticut. Enter begin and end dates of the 5-year period.

If your company is not registered with the Department of Revenue Services (DRS) at the time of filing Form 207F-5, file and pay by mail.

Filing and Paying Electronically

File and pay Form 207F-5 electronically using **myconneCT**. DRS **myconneCT** allows taxpayers to electronically 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.

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "Form 207F-5" and your Connecticut Tax Registration Number on the front of your check. Be sure to sign your check and paper clip it to the front of your return. 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

Failure to file or **failure to pay** the proper amount of tax due **will result in penalty and interest charges**. It is to your advantage to file when your return is due whether or not you are able to make full payment.

Attachments: Attach the following to this return:

- A copy of Schedule T for the five preceding calendar years;
- A copy of the Connecticut business page from the Annual Statement filed with the Insurance Department for the five preceding calendar years.

Line Instructions

Line 1: Enter gross direct premiums (less return premiums, including cancellations) received during the five preceding calendar years 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 for the five preceding calendar years. Do not include any dividends paid on account of the ownership of stock.

Line 3: Enter net direct premiums received during the five preceding calendar years from ocean marine insurance policies written on property located in this state.

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

Line 8 and Line 9: Summarize and attach schedules to support taxes and other obligations claimed on Line 8 during the five preceding calendar years. Apply Connecticut data to your state's forms for fire marshal, franchise, ocean marine, premium, and other taxes to determine the amounts 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 12a: Late Payment Penalty: Multiply Line 11 by 10%. Enter the result or \$50, whichever is greater.

Line 12b: Multiply Line 11 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 13: Add Line 11 and Line 12.

Signature: The treasurer of the company, or a principal officer of the company, must sign Form 207F-5.

Paid Preparer Signature: A paid preparer must sign and date Form 207F-5. 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.

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**.