



Form 207F

Connecticut Insurance Premiums Tax Return - Nonresident and Foreign Companies

(Rev. 12/24)

2024

File and pay your taxes online!



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

Name of company

This return MUST be filed electronically!

Address of company Number and street PO Box

DO NOT MAIL paper tax return to DRS.

City, town, or post office State ZIP code

Is this insurance company requesting a refund for the student loan payment tax credit?

Yes (File **Form CT-RSLP** separately.)
Amount of credit to be issued in the form of a refund requested:00

Connecticut Tax Registration Number

Federal Employer Identification Number (FEIN)

NAIC Company Code

Organized under the laws of

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 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.

Sign Here Keep a copy of this return for your records.	Signature of principal officer	Title	Date
	This return MUST be filed electronically!	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>
	Print name of principal officer		Telephone number
	DO NOT MAIL paper tax return to DRS.		<input type="text"/> - <input type="text"/> - <input type="text"/>
	Email address of principal officer		
	Paid preparer's signature	Date	Preparer's SSN or PTIN
	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	<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"/> - <input type="text"/> - <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 37, 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 2025 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

Form 207F 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 207F 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 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**. To ensure payment is applied to your account, write "**2024 Form 207F**" 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 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;
- 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 Connecticut Insurance Premiums Tax Return Nonresident and Foreign Companies**) 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, 2025:

- 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 for 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. 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 Form 207F, 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 207F.

File **Form CT-RSLP, Application for Refund of Student Loan Payment Tax Credits by a Qualified Small Business**, separately from Form 207F. 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 207F, mail the completed application and supporting information to:

Department of Revenue Services
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 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 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 13 and Line 14: To claim CIGA and CLHIGA assessment credits, you must complete and attach a 2024 **Schedule GAA, Insurance Guaranty Association Credit**.

Line 19: Enter payments made with **Form 207F EXT, Application for Extension of Time to File Connecticut 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, 2025.

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 2025 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 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 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 with the following fields: Name of Depositor, Street Address, City, State, Zip Code, Date, Pay to the Order of, and Amount. Below the check, the routing number 092125789 and account number 091 025 025413 are circled and labeled as Routing Number and Account Number respectively. The zip code 0101 is also shown.

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 207I, Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax**, and enter the amount from Form 207I, Line 22.

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

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.

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.