Department of Revenue Services
State of Connecticut
207 1225W 01 9999

Form 207

Connecticut Insurance Premiums Tax Return - Domestic Companies

(Rev. 12/25)

2025

File and pay your taxes online! myconneCT Revenue Services

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

Name of company

This return MUST be filed electronically!

Connecticut Tax Registration Number ►

Address of company Number and street PO Box

DO NOT MAIL paper tax return to DRS.

Federal Employer Identification Number (FEIN) ►

City, town, or post office | State | ZIP code -

NAIC Company 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

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

This return MUST be filed electronically!

Title

Date – –
M M - D D - Y Y Y Y

Print name of principal officer

DO NOT MAIL paper tax return to DRS.

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 – –

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

CT Tax Registration Number

Insurance Premiums Tax Calculation: See instructions.

1.	Gross direct premiums received during the calendar year: See instructions.	1. ►	.00
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% (.0150).	4. ►	.00
5.	Enter amount from **Form CT-207K**, Part 4, Line 34, Column C.	5. ►	.00
6.	Enter your CIGA assessment credit. See instructions.	6. ►	.00
7.	Enter your CLHIGA assessment credit. See instructions.	7. ►	.00
8.	Add Lines 5, 6, and 7.	8. ►	.00
9.	Net tax: Subtract Line 8 from Line 4. If less than zero, enter zero "0."	9. ►	.00
10.	Overpayment applied from prior year	10. ►	.00
11.	Payments made with estimated tax payment coupons **Forms 207 ESA**, **ESB**, **ESC**, and **ESD**	11. ►	.00
12.	Payments made with extension request **Form 207 EXT**	12. ►	.00
13.	JobsCT Tax Rebate. See instructions.	13. ►	.00
14.	Total prior payments: Add Lines 10 through 13.	14. ►	.00
15.	If Line 14 is greater than Line 9, enter amount overpaid.	15. ►	.00
16a.	Amount to be applied to 2026 estimated tax	16a. ►	.00
16b.	Amount to be refunded	16b. ►	.00
16.	Total amount applied and refunded: Add Line 16a and Line 16b.	16.	.00

For faster refund, use Direct Deposit by completing Lines 15c, 15d, and 15e.

16c. Checking ► ☐ Savings ► ☐ 16e. Account number ►

16d. Routing number ► 16f. Will this refund go to a bank account outside the U.S.? ► ☐ Yes

17.	If Line 9 is greater than Line 14, enter amount owed.	17. ►	.00
18a.	If late: Penalty. See instructions.	18a. ►	.00
18b.	If late: Interest. See instructions.	18b. ►	.00
18.	Total penalty and interest: Add Line 18a and Line 18b.	18.	.00
19.	Interest on underpayment of estimated tax: Attach **Form 207I**. See instructions.	19. ►	.00
20.	**Balance due** with this return: Add Lines 17, 18, and 19.	20. ►	.00

Form 207 Instructions

General Instructions

Form 207 is due on or before March 1, 2026, for an insurance premiums tax liability for calendar year 2025.

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** 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 **"2025 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;
- 2025 Schedule GAA, if applicable;
- 2025 Form 207I, if applicable;
- 2025 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 2025 **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, 2026.

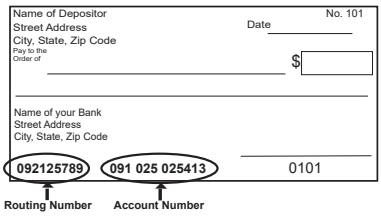
Line 13: If completing Form CT-1120 JCT *JobsCT Tax Rebate Program*, enter the amount from Line 2 and attach a copy of Form CT-1120 JCT. Otherwise, enter zero ("0").

Line 15: If Line 14 is greater than Line 9, subtract Line 9 from Line 14. This is the amount you overpaid.

Line 16a: Enter the amount of overpayment you want

applied to your 2026 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 16b: Enter the amount of overpayment you want refunded to you.



Line 16: Add Line 16a and Line 16b. **Your election to apply your overpayment to your 2026 estimated insurance premiums tax or to have your overpayment refunded to you is irrevocable.**

Lines 16c through 16e: Get your refund faster by choosing **direct deposit**. Complete Lines 16c, 16d, and 16e 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 16d and 16e. 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 16f: 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 17: If Line 9 is greater than Line 14, subtract Line 14 from Line 9. This is the amount of tax you owe.

Line 18a: Late Payment Penalty: Multiply Line 17 by 10%. Enter the result or $50, whichever is greater.

Line 18b: Multiply Line 17 by 1% per month or fraction of a month from the original due date of the return to the date of payment.

Line 19: 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 20: Add Lines 17, 18, and 19.

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**.