Department of Revenue Services
State of Connecticut

(Rev. 10/26)

Form 207F-5

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

20__ __

File and pay your taxes online! myconneCT Revenue Services

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

Company name	Connecticut Tax Registration Number
This return MUST be filed electronically!	►
Address line 1	Federal Employer ID Number (FEIN)
DO NOT MAIL paper tax return to DRS.	►
Address line 2	Organized under the laws of
City, town, or post office — State — ZIP code	►

Enter 5-year period start date _____ Enter 5-year period end date _____

Enter Connecticut Insurance License date _____
mm dd yyyy

1.	Enter gross 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.	Net direct premiums received during the five preceding calendar years from ocean marine insurance policies written on property located in this state.	►	3.		.00
4.	Benefit payments from group health insurance premiums to the extent allowed by Conn. Gen. Stat. § 12-210a during the five preceding calendar years.	►	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 1.5% (.015)	►	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.	If late: penalty ►(12a) $_____ plus interest ►(12b) $_____ See instructions.		12.		.00
13.	Balance due with this return: Add Line 11 and Line 12.	►	13.		.00

Make check payable to **Commissioner of Revenue Services**.

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
	Print name of principal officer	Telephone number – –
	Email address of principal officer ►	
	Paid preparer's signature — Date	Preparer's SSN or PTIN
	Firm's name and address	FEIN

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

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; **and**
- 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**.