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

(Rev. 12/04)

Form 207

Insurance Premiums Tax Return
Domestic Companies

2004

Purpose: Each domestic insurance company authorized to conduct insurance business in Connecticut must file this return on or before March 1, 2005, to report its insurance premiums tax liability for calendar year 2004.

Attach the following to this return:

- A copy of Schedule T;
- Connecticut business page from the Annual Statement filed with the Insurance Department;
- 2004 Schedule GAA, if applicable;
- 2004 Form 207I, if applicable.

Please make changes to your name and address if shown incorrectly

► CT Insurance Premiums Tax Registration No.

► Date Received *(For Department Use Only)*

► Federal Employer Identification Number

☐ Check if this is a new address

☐ Check if this is an amended return

1	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, excluding annuity considerations and premiums received for reinsurance assumed from other companies	1		00
2	Dividends paid to policyholders on direct business, not including dividends paid on account of the ownership of stock	2		00
3	Taxable premiums (Subtract Line 2 from Line 1)	3		00
4	Tax: Multiply Line 3 by 1.75% (.0175) ►	4		00
5	Assessment credits: (5a) CIGA $ _____ (5b) CLHIGA $ _____ ►	5		00
6	Insurance Department assessment credit *(See instructions on back)* ►	6		00
7	General business tax credits *(See instructions on back)* ►	7		00
8a	Add Line 6 and Line 7	8a		00
8b	Multiply Line 4 by 70% (.70) *(See instructions on back)*	8b		00
8c	Enter Line 8a or Line 8b, whichever is less	8c		00
9	Add Line 5 and Line 8c	9		00
10	Subtract Line 9 from Line 4 *(If less than zero, enter zero (0))*	10		00
11	Overpayment applied from prior year	11		00
12	Payments made with estimated tax payment coupons (**Forms 207 ESA, ESB, ESC, and ESD**)	12		00
13	Payments made with extension request (**Form 207/207F EXT**) *(See instructions on back)*	13		00
14	Total prior payments (Add Lines 11, 12, and 13)	14		00
15	If Line 14 is greater than Line 10, enter amount overpaid ►	15		00
16	Amount to be: Credited to 2005 estimated tax ►(16a) $ _____ Refunded ►(16b) $ _____	16		00
17	If Line 10 is greater than Line 14, enter amount owed ►	17		00
18	If late: penalty►(18a) $ _____ plus interest ►(18b) $ _____ *(See instructions)*	18		00
19	Interest on underpayment of estimated tax (Attach **Form 207I**) *(See instructions on back)* ►	19		00
20	Balance due with this return *(Make check payable to: **Commissioner of Revenue Services**)* ►	20		00

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 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 ( )
Paid Preparer's Signature	Date	Preparer's SSN or PTIN
Firm Name and Address		Federal Employer Identification Number

Form 207
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 5: To claim CIGA and CLHIGA assessment credits, you must complete a **2004 Schedule GAA,** *Insurance Guaranty Association Credit,* and attach it to this return. You may obtain this schedule by downloading it from the Department of Revenue Services (DRS) Web site or by contacting the DRS Forms Unit at 860-297-4753.

Line 6: To claim the Insurance Department assessment credit, a company, if eligible, must enter 80% (.80) of the assessment paid under Conn. Gen. Stat. §38a-48 during the calendar year. A company is eligible if it is a local domestic insurance company, as defined in Conn. Gen. Stat. §12-201, and if its admitted assets do not exceed the thresholds established in Conn. Gen. Stat. §12-202.

Line 7: To claim the following general business tax credits, complete **Form CT-1120K**, *Business Tax Credit Summary.* For information about Connecticut business tax credits, see **Informational Publication 2004(20)**, *Guide to Connecticut Business Tax Credits.*

1. Computer Donation Credit.
2. Electronic Data Processing Equipment Property Tax Credit.
3. Employer-Assisted Housing Credit.
4. Historic Homes Rehabilitation Credit.
5. Housing Program Contribution Credit.
6. Insurance Reinvestment Fund Credit.
7. Neighborhood Assistance Act Credit.

Line 8b and Line 8c: The amount of tax credit(s) allowable against the insurance premiums tax may not exceed 70% of the amount of insurance premiums tax due prior to the application of the credit(s). See **Special Notice 2003(17)**, *2003 Legislation Affecting the Insurance Premiums Tax*, for more information.

Line 11: Enter prior year overpayment(s).

Line 12: Enter estimated payments made with **Forms 207 ESA, ESB, ESC,** and **ESD**.

Line 13: Enter payment made with **Form 207/207F EXT**, *Application for Extension of Time to File Insurance Premium Tax Return*. To request an extension of time to file Form 207, a company must file Form 207/207F EXT and pay all the tax it expects to owe on or before March 1, 2005.

If filing an amended return, include the amount paid with the original return.

Line 15: If Line 14 is greater than Line 10, subtract Line 10 from Line 14. This is the amount you overpaid.

Line 16a: Enter the amount of overpayment you want credited to your 2005 estimated insurance premiums tax.

Line 16b: Enter the amount of overpayment you want refunded to you.

Line 17: If Line 10 is greater than Line 14, subtract Line 14 from Line 10. This is the amount of tax you owe.

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

Line 18b: Multiply Line 17 by 1% (.01) 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 Line 22 of Form 207I.

Line 20: Add the amounts from Lines 17, 18, and 19. Enter the sum on Line 20.

Make check payable to:
Commissioner of Revenue Services

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990

Signature
The treasurer of the company, or an authorized agent or 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 Identification Number (FEIN) in the spaces provided.

For Further Information
Call DRS during business hours, Monday through Friday:
• **1-800-382-9463** (in-state), or
• **860-297-5962** (from anywhere)

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling **860-297-4911**.

Forms and Publications
Forms and publications are available anytime by:
• **Internet:** Preview and download forms and publications from the DRS Web site at **www.ct.gov/DRS**
• **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu. Only forms (not publications) are available through TAX-FAX.
• **Telephone:** Call **860-297-4753** (from anywhere), or **1-800-382-9463** (in-state) and select **Option 2** from a touch-tone phone.