

**Underpayment of Estimated
 Insurance Premiums Tax or Health Care Center Tax
 For Calendar Year 2005**

(Rev. 12/05)

Connecticut Tax Registration Number

Company Name	
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See instructions on reverse side before completing this form.
 Complete this form in blue or black ink only.

Part I: Required Annual Payment

1. Enter amount shown on 2005 Form 207 , Line 13; 2005 Form 207F , Line 18; or 2005 Form 207HCC , Line 16. (If the amount is less than \$1,000, do not complete this form.)	1	
2. Multiply Line 1 by 90% (.90).	2	
3. Enter amount shown on 2004 Form 207 , Line 10; 2004 Form 207F , Line 15; or 2004 Form 207HCC , Line 16.	3	
4. Enter the lesser of Line 2 or Line 3.	4	

Part II: Calculate Your Underpayment and Interest for Each Calendar Quarter

		A	B	C	D
5. Installment due dates	5	3-15-2005	6-15-2005	9-15-2005	12-15-2005
6. Enter the amount from Line 4 in Columns A through D.	6				
7. Estimated installment rate	7	.30	.30	.20	.20
8. Multiply Line 6 by Line 7.	8				
9. Enter payments made or credits received on or before the installment due date.	9				
10. Subtract Line 9 from Line 8. (If result is less than or equal to zero, enter "0".) See instructions if credit is established.	10				
11. Enter date of additional payment or credit received after the installment due date. If no additional payment or credit, enter earlier of due date of annual return or filing date of annual return.	11	mm dd yy / /	mm dd yy / /	mm dd yy / /	mm dd yy / /
12. Enter whichever is less: the number of months from the date on Line 5, Columns A through D, to the payment date shown on Line 11, Columns A through D; or 12 months for ESA; 9 months for ESB; 6 months for ESC; 3 months for ESD.	12				
13. Multiply the number of months on Line 12 by 1% (.01).	13				
14. Interest due. (Multiply Line 10 by Line 13.)	14				
15. Enter the amount of payment made or credit received on date shown on Line 11, Columns A through D.	15				
16. Subtract Line 15 from Line 10.	16				
17. Enter the date of the next additional payment or credit that meets the balance on Line 16, Columns A through D. (If no additional payment or credit, enter due date of annual return.)	17	mm dd yy / /	mm dd yy / /	mm dd yy / /	mm dd yy / /
18. Enter the number of months from Line 11, Columns A through D, to date shown on Line 17, Columns A through D.	18				
19. Multiply the number of months on Line 18 by 1% (.01).	19				
20. Interest due (Multiply Line 16 by Line 19.)	20				
21. Total interest due (Add Line 14 and Line 20.)	21				
22. Add Line 21, Columns A through D, and enter here and on the appropriate Connecticut tax form 2005 Form 207 , Line 22; 2005 Form 207F , Line 27; or 2005 Form 207HCC , Line 25.	22				

Form 207I Instructions

Purpose

Use **Form 207I**, *Underpayment of Estimated Insurance Premiums Tax or Health Care Center Tax*, to calculate the interest due on the underpayment of estimated insurance premiums tax or estimated health care center tax. Complete this form in blue or black ink only.

General Instructions

Companies subject to a tax imposed under Chapter 207 of the Connecticut General Statutes are required to make estimated tax payments (see Conn. Gen. Stat. §12-204c).

If the company has made timely estimated tax payments and has paid at least 90% (.90) of the tax shown on the return for the current year (or at least 100% of the tax shown on the return for the preceding year) at the required installment rate, the taxpayer is **not** subject to interest on unpaid installments of estimated tax and does **not** have to complete this form.

If the tax shown on the return for the current year is less than \$1,000, it is **not** necessary to complete this form.

Timely estimated payments must be made using the appropriate form listed below:

- **Form 207 ESA, ESB, ESC, and ESD**, *Estimated Insurance Premiums Tax Payment Coupon, Domestic Insurance Companies*;
- **Form 207F ESA, ESB, ESC, and ESD**, *Estimated Insurance Premiums Tax Payment Coupon, Foreign and Nonresident Insurance Companies*; **or**
- **Form 207HCC ESA, ESB, ESC, and ESD**, *Estimated Health Care Center Tax Payment Coupon*.

Part I: Required Annual Payment

Line 1: Enter the amount of tax shown on your 2005 **Form 207**, *Insurance Premiums Tax Return Domestic Companies*, Line 13; 2005 **Form 207F**, *Insurance Premiums Tax Return Nonresident and Foreign Companies*, Line 18; or 2005 **Form 207HCC**, *Health Care Center Tax Return*, Line 16. Do not subtract estimated payments.

Line 3: Enter the amount of tax shown on your 2004 Form 207, Line 10; 2004 Form 207F, Line 15; or 2004 Form 207HCC, Line 16.

Part II: Calculate Your Underpayment and Interest

Interest on underpaid installments is calculated under Conn. Gen. Stat. §12-204c.

Line 9: Enter any payment made or credit claimed with intended installment and not previously entered in prior columns. The payment must be made or credit established on or before the due date of the intended installment.

Line 10: If a credit is established, it should be applied to the earliest underpaid installment.

Line 11: Payments accompanying estimated installments are applied against underpaid required installments in the order in which the installments must be paid.

Enter the date of the next additional payment or credit received after the intended installment due date. If there are no additional payments or credits, enter the earlier of the due date of the annual tax return or the filing date of that return.

Lines 12 through 14: These lines are to calculate interest due on late payments and underpayments of the required estimated installments. The interest due is calculated at the rate of 1% (.01) per month, or fraction of a month.

Line 15: Enter the amount of payment made or credit received from each date indicated on Line 11, Columns A through D.

Line 17: Enter the date of the next additional payment or credit. If the taxpayer has multiple payments or credits, additional computations are required. Complete a worksheet or schedule and enter the result on Line 21, Columns A through D. Attach a copy of the worksheet or schedule to this form.

Lines 18 through 20: These lines are to calculate interest due when the taxpayer makes payments or has credits after the intended installment date.

Attach your completed Form 207I to your 2005 Form 207, 2005 Form 207F, or 2005 Form 207HCC.

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.