

# Form 115B

## Nonadmitted Insurance Premium Tax Return

July 1, 2011 through September 30, 2011 only

# 2011

Complete this return in blue or black ink only.

<b>Taxpayer</b>  Type or print.	Taxpayer name			Connecticut Tax Registration Number ▶
	Address	Number and street	PO box	Federal Employer ID Number (FEIN) ▶
	City, town, or post office		State	ZIP code

- Check if this is an amended return.  
 Check if your address has changed.

### Schedule of Insurance Purchased From Unauthorized Insurers

Attach additional schedules as necessary. Continue item numbering sequence.

1. ▶ Contract number	▶ Effective date	Expiration date		
Insurer name				Gross premiums (whether or not the risks or exposures are within Connecticut)
Address		City	State	
Subject of insurance				\$
Description of insurance				
2. ▶ Contract number	▶ Effective date	Expiration date		
Insurer name				Gross premiums (whether or not the risks or exposures are within Connecticut)
Address		City	State	
Subject of insurance				\$
Description of insurance				
3. ▶ Contract number	▶ Effective date	Expiration date		
Insurer name				Gross premiums (whether or not the risks or exposures are within Connecticut)
Address		City	State	
Subject of insurance				\$
Description of insurance				
4. ▶ Contract number	▶ Effective date	Expiration date		
Insurer name				Gross premiums (whether or not the risks or exposures are within Connecticut)
Address		City	State	
Subject of insurance				\$
Description of insurance				

Make check payable to <b>Commissioner of Revenue Services</b>  Mail to: Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990	1. Enter total gross premiums. ▶		00
	2. Tax: Multiply Line 1 by 4% (.04). ▶		00
	3. Penalty ▶ _____ + Interest ▶ _____ =		00
	4. Amount due: Add Line 2 and Line 3. ▶		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 or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, 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.

<b>Sign Here</b>  Keep a copy for your records.	Signature of principal officer		Date	Daytime telephone number (     )
	Print name of principal officer		Title	
	Paid preparer's signature		Date	Preparer's SSN or PTIN
	Firm's name, address, and ZIP code			FEIN

# Form 115B Instructions

Complete this return in blue or black ink only.

## Who Must File

Each insured whose home state is Connecticut procuring, continuing, or renewing nonadmitted insurance whose effective date is on or after July 1, 2011 and before October 1, 2011 must file **Form 115B, *Nonadmitted Insurance Premium Tax Return***, on or before November 15, 2011 to report the insured's tax liability under Conn. Gen. Stat. §38a-277. Whether Connecticut is the home state of the insured, and whether insurance is nonadmitted insurance, is determined under Section 527 of the Nonadmitted and Reinsurance Reform Act of 2010.

This tax is not applicable to premiums on wet marine, transportation, individual life, or individual disability insurances.

Information regarding the responsibilities of the insured and the unauthorized insurer is located in Conn. Gen. Stat. §§38a-271 through 38a-278.

## Due Date

This return is due on or before November 15, 2011, for insurance procured, continued, or renewed during the period beginning July 1, 2011 and ending before October 1, 2011. If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

## Filing an Amended Return

If you make an error(s) on your return, you must correct the error(s) by filing an amended return using a new Form 115B. Check the *Check if this is an amended return* box on the front of this return. Complete Form 115B using the correct figures and information for the reporting period.

You must file an amended return claiming a refund of taxes paid within three years of the original due date of the return. An explanation of the claim for refund must accompany the amended return.

## Form 115AR

The filing of **Form 115AR, *Report of Procurement, Continuance, or Renewal of Insurance with Unauthorized Insurer***, to report insurance coverage obtained from a nonadmitted insurer is no longer required.

## 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, the Department of Revenue Services (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) to enter on a line. \$4.50 is rounded to \$5.00 and entered on a line.

## Gross Premiums

In computing the tax, the insured is to report gross premiums, whether or not the risks or exposures are within Connecticut. Gross premiums include all premiums, membership fees, assessments, dues, and any other consideration for insurance.

## Penalty and Interest

In general, penalty and interest apply to any portion of the tax not paid on or before the original due date of the return. If you do not pay the tax when due, you will owe interest at the rate of 1% per month or fraction of a month until the tax is paid in full.

**Late Payment Penalty:** The penalty for late payment of tax is 10% of the tax due or \$50, whichever is greater.

**Late Filing Penalty:** The Commissioner of Revenue Services may impose a \$50 penalty for failure to file any return or report that is required by law to be filed.

## Where to File

Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "2011 Form 115B" and your Connecticut Tax Registration Number on the front of your check. DRS may submit your check to your bank electronically.

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

## For More Information

Call DRS during business hours, Monday through Friday: 8:30 a.m. to 4:30 p.m.

- **1-800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **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

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) to preview and download forms and publications.