

2021 Nonadmitted Insurance Tax Return

570

Amended [] The policyholder completes this form.

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending: [] March 31 [] June 30 [] September 30 [] December 31

Part I Policyholder

Business name [] SSN or ITIN [] FEIN [] CA Corp no. [] CA SOS file no.

First name Initial Last name

DBA (if applicable)

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) State ZIP code

Part II Tax Computation. See instructions.

Table with 15 rows for tax computation, including lines for gross premiums, total taxable premiums, total tax, and refund.

If you are an agent or broker with a valid power of attorney authorizing you to file this return on behalf of the insured, enter the following information:

Table for agent/broker information with fields for Business name, Business address, Contact person's name, and Contact person's telephone.

Sign Here: To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Table for signature and date with fields for Print or type elected officer's or authorized person's name, Telephone, Elected officer's or authorized person's signature, and Date.

Table for preparer information with fields for Print or type preparer's name, Check if self-employed, Telephone, Preparer's signature, Date, and PTIN.

Business name (or yours, if self-employed) and address Firm's FEIN

May the FTB discuss this return with the preparer shown above (see instructions)? [] Yes [] No

