2021 Nonadmitted Insurance Tax Return

570

| Amended D The policyholder completes this form. | | | | | | | | | |
|--|--|-----------|--|----------------------------|---------------------------|--|-----------------------------------|--|--|
| Select calenda Period ending | ar quarter during which the taxable insurance cont :: | ract(s) t | ook effect or was renewe r 30 | | | | | | |
| 0 | | prember | | | | | | | |
| Part I Policyholder Business name | | | | | | SSN or ITIN FEIN CA Corp no. CA SOS file no. | | | |
| | | | | | | | · | | |
| First name | | Initial | Last name | | I | | | | |
| | | | | | | | | | |
| DBA (if applic | able) | | | | | | | | |
| Address (apt / | ste., room, PO box, or PMB no.) | | | | | | | | |
| | | | | | | | | | |
| City (If you have a foreign address, see instructions.) | | | | | : | State ZIP code | | | |
| | | | | | | | | | |
| Part II Ta | x Computation. See instructions. | | | | | | | | |
| | 1 Gross premiums paid or to be paid on risks located entirely within California, and California is your principal place of | | | | | | | | |
| | business or your principal residence. See instructions | | | | | | | | |
| | Gross premiums paid or to be paid by California home state insured, including policies with risks outside California2 | | | | | | | | |
| | able premiums. Add line 1 and line 2 | | | | | | | | |
| | . Multiply line 3 by 3% (.03). (There is no stamp | | | | | 4_ | | | |
| | turned premiums previously taxed. Attach copi | | | | | | | | |
| Total pre | miums returned \$ Quarter ments from prior quarters. Quarter/year nents. See instructions | r/year ta | axed | Pol | icy No | 5 _ | | | |
| 6 Overpay | ments from prior quarters. Quarter/year $\frac{1}{m_{m}m_{c}}$ | V V V | ······································ | | | 6 _ | | | |
| | | | | | | | | | |
| | miums returned, overpayments, or prepayment | | | | | | | | |
| 9 Balance. Subtract line 8 from line 4. If the amount on line 8 is more than the amount on line 4. See instructions 9 | | | | | | | | | |
| 10 Penalty for late payment of tax. See instructions | | | | | | | | | |
| 11 Interest on late payment. See instructions | | | | | | | | | |
| 12 Payment due. Add line 9 through line 11. If the result is positive, enter here. Make a check or money order | | | | | | | | | |
| payable to the "Franchise Tax Board". See instructions | | | | | | | | | |
| | 13 Overpayment. Add line 9 through line 11. If result is negative, enter here | | | | | | | | |
| 14 Overpayment to be applied to the next quarter. See instructions | | | | | | | | | |
| | Subtract line 14 from line 13 | | | | | | | | |
| 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: | | | | | | | | | |
| Business name | | | | Contac | ct person's name | | | | |
| Business address | | | | Contact person's telephone | | | | | |
| | | | | | | | | | |
| | To learn about your privacy rights, how we may use you search for 1131 . To request this notice by mail, call 800 | | | for not p | providing the reques | ted information, go t | to ftb.ca.gov/forms and | | |
| Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | knowledge and belief, it is true, | | |
| Sign | Print or type elected officer's or authorized person's name | | | | Telephone | | | | |
| Here | | | | | | | | | |
| | Elected officer's or authorized person's signature | | | | | Date | | | |
| | | | | | | Talaabaaa | | | |
| | Print or type preparer's name | | | | Check if self-employed | Telephone d | | | |
| Paid | Preparer's signature | | | | Date | PTIN | | | |
| Preparer's Use Only | | | | | | | | | |
| Use Only | Business name (or yours, if | | | | I | Firm's FEIN | | | |
| | self-employed) and address | | | | | _ | | | |
| | May the FTB discuss this return with the preparer | shown a | above (see instructions)? | | • 🗌 Yes 🗌 I | No | | | |

L

Policyholder Name: _

Part III Insurance Contracts – If you have more than 23 policies to report, enter the additional policies on another Side 2 of Form 570. Total each Side 2 on the bottom separately. **Do not** create a schedule to report additional policies. We only accept and process official versions of Side 2 of Form 570.

| PRINT CLEAR | | | | | | | | | | | |
|-----------------------------|--|--|--------------------------|-----------------------------|--|--|--|--|--|--|--|
| (a) Policy number | (b) Name of each nonadmitted insurance company | (c) Type of insurance coverage | (d) Location of risks | (e) Total premium | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

Г