



**Form 115NIN**  
**Nonadmitted Insurance**  
**Premium Tax Return**  
 (Rev. 12/17).

**2017**

For calendar quarter ending  
 ▶  -  -   
M M - D D - Y Y Y Y

Taxpayer name			Connecticut Tax Registration Number		
<input type="text"/>			<input type="text"/>		
Address	Number and street	PO Box	Federal Employer ID Number (FEIN)		
<input type="text"/>			<input type="text"/>		
City, town, or post office	State	ZIP code	Date received		
<input type="text"/>	<input type="text"/>	<input type="text"/>	For DRS Use Only ▶ <input type="text"/> - <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>		
<input type="checkbox"/> Address change		<input type="checkbox"/> Amended return			

**Part I – Computation of Amount Due**

Complete *Schedule 1 - Insurance Purchased From Unauthorized Insurers*, on reverse, before completing Part I.

1. Total gross premiums: Enter amount from <i>Schedule 1</i> , Line 5. ....	1. ▶	<input type="text"/>	.00
2. Tax: Multiply Line 1 by 4% (.04). ....	2. ▶	<input type="text"/>	.00
3a. If late: Penalty. See Instructions .....3a. ▶		<input type="text"/>	.00
3b. If late: Interest. See Instructions ..... 3b. ▶		<input type="text"/>	.00
3 Total penalty and interest: Add Line 3a and Line 3b. ....	3.	<input type="text"/>	.00
4. <b>Amount due: Add Line 2 and Line 3.</b> .....	4. ▶	<input type="text"/>	.00

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

**Declaration:** I declare under the 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>	Principal officer's signature	Date (MMDDYYYY)	Telephone number
	<input type="text"/>	<input type="text"/> <small>M M - D D - Y Y Y Y</small>	<input type="text"/>
Keep a copy of this return for your records.	Principal officer's name (print)	Title	
	<input type="text"/>	<input type="text"/>	
	Paid preparer's signature	Date (MMDDYYYY)	Preparer's SSN or PTIN
	<input type="text"/>	<input type="text"/> <small>M M - D D - Y Y Y Y</small>	<input type="text"/>
	Firm's name and address	Firm's FEIN	Telephone number
	<input type="text"/>	<input type="text"/>	<input type="text"/>



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### Schedule 1 - Insurance Purchased From Unauthorized Insurers

Attach additional schedules as necessary. Continue item numbering sequence.

▶ Contract number	▶ Effective date	Expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<small>M M - D D - Y Y Y Y</small>	<small>M M - D D - Y Y Y Y</small>	
Insurer name	<input type="text"/>		
Address	City, town, or post office	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject of insurance	Description of insurance		
<input type="text"/>	<input type="text"/>		
1. Gross premiums (whether or not the risks or exposures are within Connecticut)	1.	<input type="text"/>	.00

  

▶ Contract number	▶ Effective date	Expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<small>M M - D D - Y Y Y Y</small>	<small>M M - D D - Y Y Y Y</small>	
Insurer name	<input type="text"/>		
Address	City, town, or post office	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject of insurance	Description of insurance		
<input type="text"/>	<input type="text"/>		
2. Gross premiums (whether or not the risks or exposures are within Connecticut)	2.	<input type="text"/>	.00

  

▶ Contract number	▶ Effective date	Expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<small>M M - D D - Y Y Y Y</small>	<small>M M - D D - Y Y Y Y</small>	
Insurer name	<input type="text"/>		
Address	City, town, or post office	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject of insurance	Description of insurance		
<input type="text"/>	<input type="text"/>		
3. Gross premiums (whether or not the risks or exposures are within Connecticut)	3.	<input type="text"/>	.00

  

▶ Contract number	▶ Effective date	Expiration date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<small>M M - D D - Y Y Y Y</small>	<small>M M - D D - Y Y Y Y</small>	
Insurer name	<input type="text"/>		
Address	City, town, or post office	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject of insurance	Description of insurance		
<input type="text"/>	<input type="text"/>		
4. Gross premiums (whether or not the risks or exposures are within Connecticut)	4.	<input type="text"/>	.00

  

5. <b>Total gross premiums:</b> Add Lines 1 through 4. Enter here and on Part 1, Line 1. Include all amounts from additional schedules.	5.	<input type="text"/>	.00
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# Form 115NIN 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 January 1, 2012 must file **Form 115NIN, Nonadmitted Insurance Premium Tax Return**, for the calendar quarter during which the nonadmitted insurance is procured, continued, or renewed, 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 of the Nonadmitted and Reinsurance Reform Act of 2010 (codified at 15 U.S.C. §§8201 to 8206, inclusive).

**Form 115NIN should not be used to report tax on premiums collected by risk retention groups pursuant to Conn. Gen. Stat. §38a-254.** Risk retention groups are required to file **Form 115RRG, Insurance Premium Tax Return Risk Retention Groups**.

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

## Due Date

Calendar Quarter	Due Date
January 1 to March 31	May 15
April 1 to June 30	August 15
July 1 to September 30	November 15
October 1 to December 31	February 15

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 or need to report a cancellation (see *Gross Premiums*, below), you must correct the error(s) by filing an amended return using a new Form 115NIN. Check the *Amended return* box on the front of the return. Complete Form 115NIN using the correct figures and attach supporting documentation.

Do not use Form 115NIN to amend a return for a calendar quarter beginning before January 1, 2012.

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.

## 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), then round the total to \$5.00 and enter it 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, Form 115NIN (Rev. 12/17)

assessments, dues, and any other consideration for insurance. However, where a policy covers risks or property located both in the United States and outside the United States, 100% of the premium attributable to risks or property located in the United States is subject to tax. The percentage of the premium attributable to risks or property located outside the United States is not subject to tax. Risks or property located in a State, as defined in the Nonadmitted and Reinsurance Reform Act of 2010, are considered to be located in the United States. State, as defined in the Nonadmitted and Reinsurance Reform Act of 2010, includes any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, and American Samoa.

This position applies to policies that have an effective date on or after July 1, 2011. If an insured filed a Form 115B or Form 115C for the third or fourth calendar quarter, respectively, of calendar year 2011, and reported premiums attributable to risks or property located outside the United States, and paid the Connecticut nonadmitted insurance premiums tax on those premiums, the insured may file an amended Form 115B or Form 115C, as the case may be.

In the event of cancellation and rewriting of any nonadmitted insurance contract, the premium shall be the premium in excess of the unearned premium of the cancelled insurance contract. An amended return for the quarter in which the premiums are reported should be filed to reflect this.

## 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 "Form 115NIN" 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.