

Department of Revenue Services  
PO Box 2990  
Hartford CT 06104-2990  
207FES 0117W 01 9999



**Form 207F ESA**  
2017 Estimated Insurance Premiums Tax -  
Nonresident and Foreign Insurance Companies  
Payment Coupon - First Installment



**2017**  
(Rev. 01/17)

See instructions below.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		For DRS Use Only <input type="text"/> <small>M M - D D - Y Y Y Y</small>
Address of company (number and street) <input type="text"/>	PO Box <input type="text"/>	Payment amount due <input type="text"/> .00
City, town, or post office <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>	

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** March 15, of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

**Who Must File These Coupons**

Each nonresident or foreign insurance company which is carrying on an insurance business in Connecticut and whose insurance premiums tax, **after** the application of guaranty association assessment offsets, general business tax credits, and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more **must** file these coupons. Other nonresident or foreign insurance companies should not file these coupons.

**Due Date**

**March 15 of the calendar year for Form 207F ESA and June 15 of the calendar year for Form 207F ESB.**

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

**Required Annual Payment**

For estimated insurance premiums tax purposes, a nonresident or foreign insurance company's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207F **after** the application of guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207F, Line 16.

**Interest**

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

**Visit the DRS website at [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay this return electronically.**

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PO Box 2990  
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**Form 207F ESB**  
2017 Estimated Insurance Premiums Tax -  
Nonresident and Foreign Insurance Companies  
Payment Coupon - Second Installment



**2017**  
(Rev. 01/17)

See instructions below.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		For DRS Use Only <input type="text"/> <small>M M - D D - Y Y Y Y</small>
Address of company (number and street) <input type="text"/>	PO Box <input type="text"/>	Payment amount due <input type="text"/> .00
City, town, or post office <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>	

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** June 15, of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.



### Schedule 1 - First Installment Calculation

1. Tax shown on prior year Form 207F, Line 16, multiplied by 30% (.30).
2. Estimated insurance premiums tax due for the current year **prior to** the application of any tax credits or guaranty association assesment offsets.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year first installment:** Multiply Line 4 by 27% (.27).
6. **First installment due:** Lesser of Line 1 or Line 5.
7. Overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.  
Enter amount here and on Form 207F ESA, *Payment amount due* line.

1.	<input type="text"/>	.00
2.	<input type="text"/>	.00
3.	<input type="text"/>	.00
4.	<input type="text"/>	.00
5.	<input type="text"/>	.00
6.	<input type="text"/>	.00
7.	<input type="text"/>	.00
8.	<input type="text"/>	.00

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**Visit the DRS website at [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay this return electronically.**



### Schedule 1 - Second Installment Calculation

1. Tax shown on prior year Form 207F, Line 16, multiplied by 60% (.60).
2. Estimated insurance premiums tax due for the current year **prior to** the application of any tax credits or guaranty association assesment offsets.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule**, Part 4, Line 36, Column C.
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year second installment:** Multiply Line 4 by 54% (.54).
6. **Second installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Form 207F ESA plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6.  
Enter amount here and on Form 207F ESB, *Payment amount due* line.

1.	<input type="text"/>	.00
2.	<input type="text"/>	.00
3.	<input type="text"/>	.00
4.	<input type="text"/>	.00
5.	<input type="text"/>	.00
6.	<input type="text"/>	.00
7.	<input type="text"/>	.00
8.	<input type="text"/>	.00

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**Form 207F ESC**  
2017 Estimated Insurance Premiums Tax -  
Nonresident and Foreign Insurance Companies  
Payment Coupon - Third Installment



**2017**  
(Rev. 01/17)

See instructions below.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		For DRS Use Only <input type="text"/> <small>M M - D D - Y Y Y Y</small>
Address of company (number and street) <input type="text"/>	PO Box <input type="text"/>	Payment amount due <input type="text"/> .00
City, town, or post office <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>	

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** September 15, of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

**Who Must File These Coupons**

Each nonresident or foreign insurance company which is carrying on an insurance business in Connecticut and whose insurance premiums tax, **after** the application of guaranty association assessment offsets, general business tax credits, and the average monthly net employment gain tax credit, for the calendar year will be \$1,000 or more **must** file these coupons. Other nonresident or foreign insurance companies should not file these coupons.

**Due Date**

**September 15 of the calendar year for Form 207F ESC and December 15 of the calendar year for Form 207F ESD.**

If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.

**Required Annual Payment**

For estimated insurance premiums tax purposes, a nonresident or foreign insurance company's required annual payment is the lesser of:

- 90% of the tax shown on its current year Form 207F **after** the application of guaranty association assessment offsets and general business tax credits; **or**
- 100% of the tax shown on its prior year Form 207F, Line 16.

**Interest**

If a payment due with these coupons is not made on or before the due date of the coupon, interest will accrue at the rate of 1% per month or fraction of a month on the amount not paid from the due date of the coupon until the date of payment.

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**Form 207F ESD**  
2017 Estimated Insurance Premiums Tax -  
Nonresident and Foreign Insurance Companies  
Payment Coupon - Fourth Installment



**2017**  
(Rev. 01/17)

See instructions below.

For calendar year ending <input type="text"/> - <input type="text"/> <small>M M - D D - Y Y Y Y</small>	Connecticut Insurance Premiums Tax Registration Number <input type="text"/>	Federal Employer ID Number (FEIN) <input type="text"/>
Name of company <input type="text"/>		For DRS Use Only <input type="text"/> <small>M M - D D - Y Y Y Y</small>
Address of company (number and street) <input type="text"/>	PO Box <input type="text"/>	Payment amount due <input type="text"/> .00
City, town, or post office <input type="text"/>	State <input type="text"/> ZIP code <input type="text"/>	

Complete Schedule 1, on reverse, to calculate your payment amount.

**Due date:** December 15, of the calendar year above. If the due date falls on a Saturday, Sunday, or legal holiday, payment will be considered timely if made by the next business day.



### Schedule 1 - Third Installment Calculation

1. Tax shown on prior year Form 207F, Line 16, multiplied by 80% (.80).
2. Estimated insurance premiums tax due for the current year **prior to** the application of any tax credits or guaranty association assesment offsets.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C.**
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year third installment:** Multiply Line 4 by 72% (.72).
6. **Third installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Form 207F ESA and 207F ESB plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6. Enter amount here and on Form 207F ESC, *Payment amount due* line.

1.		.00
2.		.00
3.		.00
4.		.00
5.		.00
6.		.00
7.		.00
8.		.00

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**Visit the DRS website at [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay this return electronically.**



### Schedule 1 - Fourth Installment Calculation

1. Tax shown on prior year Form 207F, Line 16.
2. Estimated insurance premiums tax due for the current year **prior to** the application of any tax credits or guaranty association assesment offsets.
3. Estimated guaranty association assessment offset and estimated general business tax credits to be applied against insurance premiums tax due for the current year. May not exceed amount entered on **Form CT-207K, Insurance/Health Care Center Tax Credit Schedule, Part 4, Line 36, Column C.**
4. **Subtotal:** Subtract Line 3 from Line 2.
5. **Current year fourth installment:** Multiply Line 4 by 90% (.90).
6. **Fourth installment due:** Lesser of Line 1 or Line 5.
7. Amount paid with Form 207F ESA, 207F ESB, and 207F ESC plus overpayment from prior year applied to estimated tax for current year.
8. **Payment due with this coupon:** Subtract Line 7 from Line 6. Enter amount here and on Form 207F ESD, *Payment amount due* line.

1.		.00
2.		.00
3.		.00
4.		.00
5.		.00
6.		.00
7.		.00
8.		.00

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