

# Form 115A Premium Tax Return

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## Tax on Premiums Charged by Unauthorized Insurers

Please change <input type="checkbox"/> Name or Address, or both, if shown incorrectly at right	Connecticut Tax Registration Number  Federal Employer Identification Number  Date Received (For Department Use Only)
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### Schedule of Insurance Purchased from Unauthorized Insurers

1 Contract Number	2 Effective Date	3 Expiration Date	4 Name and Address of Insurance Company	5 Subject of Insurance	6 Description of Coverage	7 Premiums Allocated to Risks or Exposures Located in Connecticut	8 Code (See Instructions)

Make checks payable to: <b>Commissioner of Revenue Services</b>	<b>A. Premiums charged in Connecticut.</b> Enter the total from Column 7	\$	
Mail to: <b>Department of Revenue Services                  PO Box 2990                  Hartford CT 06104-2990</b>	<b>B. Tax:</b> Multiply Line A by 4% (.04)	\$	
Mail to: <b>Department of Revenue Services                  PO Box 2990                  Hartford CT 06104-2990</b>	<b>C. Penalty</b> _____ + <b>Interest</b> _____ =	\$	
Mail to: <b>Department of Revenue Services                  PO Box 2990                  Hartford CT 06104-2990</b>	<b>Amount Due</b> (Add Line B and Line C)	\$	
Mail to: <b>Department of Revenue Services                  PO Box 2990                  Hartford CT 06104-2990</b>	<b>Amount Enclosed</b>	\$	

**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 that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or 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> <b>Keep a copy for your records.</b>	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 <span style="float: right;">▶</span>

# General Instructions

## Purpose

Each insured procuring, continuing, or renewing insurance with an unauthorized insurer on a subject of insurance resident, located, or to be performed in Connecticut must file this return annually on or before March 1 to report its tax liability under Conn. Gen. Stat. §38a-277.

## Exemptions

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

**NOTE:** An insured must file **Form-115AR**, *Report of Procurement, Continuance, or Renewal of Insurance with Unauthorized Insurer*, within 60 days after the date the insurance was procured, continued, or renewed.

## When to File Form 115A

Payment of tax must be made on or before March 1, 2003, for insurance that was procured, continued, or renewed during the previous calendar year. The calendar year for which this return is filed must be entered in the upper right corner of this form. If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

## Penalty and Interest

In general, penalty and interest apply to any portion of the tax that is not paid on or before the original due date of the return. Interest will be computed on the underpayment of tax at the rate of 1% (.01) per month or fraction of a month, computed from the statutory due date to the date of payment.

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

**Late Filing Penalty:** In the event that no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

## Premium Allocation Schedule

**Column 7** - When computing the tax, premium includes all premiums, membership fees, assessments, dues, and any other consideration for insurance.

If a policy covers risks or exposures only partially in this state, the tax is computed on the portions of the premium that are allocated to the risks or exposures located in this state. **Attach a copy of your allocation schedule to this return.**

Use the following codes in Column 8:

CODE A - Policy covers risks wholly within Connecticut

CODE B - Policy covers risks or exposures only partially within Connecticut.

- A. **Property coverage** (including fire and allied lines, U & O, boiler, and machinery insurance) - allocate to Connecticut in the proportion that the insured value of all properties in Connecticut bears to the insured value of all properties everywhere.

B. **Coverage on mobile equipment** (trucks, automobiles, etc.) - allocate to Connecticut in the proportion that vehicles garaged in Connecticut bear to vehicles garaged everywhere.

C. **Railroad rolling stock** - allocate to Connecticut in the proportion that car days in Connecticut bear to car days everywhere.

D. **Workers compensation** - allocate to Connecticut in the proportion that payroll involving employees in Connecticut bears to total payroll everywhere.

E. **Liability coverages** (OL&T, M&C, etc.) - allocate to Connecticut in the proportion that the number of insured locations in Connecticut bears to the number of insured locations everywhere.

F. **Products liability** - allocate to Connecticut in the proportion that exposure in Connecticut bears to exposure everywhere.

**Example:** Aircraft products liability - based on air miles flown over Connecticut in proportion to total air miles or passenger boardings within Connecticut to total passenger boardings everywhere.

G. **Travel accident** - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

H. **Group life and group accident & health** - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

## Statutory Reference

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

## For Further Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You may obtain forms and publications at any hour, seven days a week:

- **Internet:** Preview and download forms and publications from the DRS Web site: **[www.drs.state.ct.us](http://www.drs.state.ct.us)**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- **Telephone:** Call **1-860-297-5962** (from anywhere) or **1-800-382-9463** (in-state) and select option 2 from a touch-tone phone.

**TTY, TDD, and Text Telephone users only** may transmit inquiries 24 hours a day, seven days a week by calling **860-297-4911**.