

Form 115A

Premium Tax Return

Tax on Premiums Charged by Unauthorized Insurers

For Calendar
Year

2009

Complete this return in blue or black ink only.

Taxpayer Type or print.	Taxpayer name			Connecticut Tax Registration Number
	Address	Number and street	PO box	Federal Employer ID Number (FEIN)
	City, town, or post office	State	ZIP code	Date received (DRS use only)

Check if this is an amended return. Check if your address has changed.

Schedule of Insurance Purchased From Unauthorized Insurers

Attach additional schedules as necessary. Continue item numbering sequence.

1. ▶ Contract number	▶ Effective date	Expiration date	Premiums allocated to risks or exposures in Connecticut \$
Insurer name			
Address	City	State ZIP code	
Subject of insurance	Description of insurance	Code (See back.)	
2. ▶ Contract number	▶ Effective date	Expiration date	Premiums allocated to risks or exposures in Connecticut \$
Insurer name			
Address	City	State ZIP code	
Subject of insurance	Description of insurance	Code (See back.)	
3. ▶ Contract number	▶ Effective date	Expiration date	Premiums allocated to risks or exposures in Connecticut \$
Insurer name			
Address	City	State ZIP code	
Subject of insurance	Description of insurance	Code (See back.)	
4. ▶ Contract number	▶ Effective date	Expiration date	Premiums allocated to risks or exposures in Connecticut \$
Insurer name			
Address	City	State ZIP code	
Subject of insurance	Description of insurance	Code (See back.)	

Make checks payable to: Commissioner of Revenue Services Mail to: Department of Revenue Services State of Connecticut PO Box 2990 Hartford CT 06104-2990	1. Enter total premiums charged in Connecticut. ▶	00
	2. Tax: Multiply Line 1 by 4% (.04). ▶	00
	3. Penalty ▶ _____ + Interest ▶ _____ =	00
	4. Amount due: Add Line 2 and Line 3. ▶	00

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 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, 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.

Sign Here Keep a copy for your records.	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	

Form 115A Instructions

Complete this return in blue or black ink only.

Who Must File

Each insured procuring, continuing, or renewing insurance with an unauthorized insurer on a subject of insurance resident, located, or performed in Connecticut must file **Form 115A, Premium Tax Return**, annually to report its tax liability under Conn. Gen. Stat. §38a-277.

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

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

Due Date

This return is due on or before March 1, 2010, for insurance procured, continued, or renewed during the previous calendar year. 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, you must correct the error(s) by filing an amended return using a new Form 115A. Check the *Check if this is an amended return* box on the front of this return. Complete Form 115A using the correct figures and information for the reporting period.

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.

Form 115AR

An insured must also file **Form 115AR, Report of Procurement, Continuance, or Renewal of Insurance with Unauthorized Insurer**, to report insurance coverage obtained from an unauthorized insurer. Form 115AR is due within 60 days after the date the insurance was procured, continued, or renewed.

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) to enter on a line. \$4.50 is rounded to \$5.00 and entered on a line.

Premium Allocation Schedule

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

Codes

Use the following codes:

Code A - Policy covers risks wholly within Connecticut.

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

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

Property coverage (including fire and allied lines, U & O, boiler, and machinery insurance): Allocate the coverages to Connecticut in the same proportion that the insured value of all properties in Connecticut bears to the insured value of properties everywhere.

Coverage on mobile equipment (trucks, automobiles, etc.): Allocate the coverages to Connecticut in the same proportion that the vehicles garaged in Connecticut bear to vehicles garaged everywhere.

Railroad rolling stock: Allocate the coverages to Connecticut in the same proportion that car days in Connecticut bear to car days everywhere.

Workers compensation: Allocate the coverages to Connecticut in the same proportion that payroll involving employees in Connecticut bears to total payroll everywhere.

Liability coverages (OL&T, M&C, etc.): Allocate the coverages to Connecticut in the same proportion that the number of insured locations in Connecticut bears to the number of insured locations everywhere.

Products liability: Allocate the coverages to Connecticut in the same proportion that exposure in Connecticut bears to exposure everywhere.

Example: Allocate aircraft products liability coverages to Connecticut in the same proportion that the number or air miles flown over Connecticut bears to the number of air miles flown everywhere, or that the number of passenger boardings in Connecticut bears to the number of passenger boardings everywhere.

Travel accident: Allocate the coverages to Connecticut in the same proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

Group life and group accident and health: Allocate the coverages to Connecticut in the same proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

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 "2009 Form 115A" 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:

- **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 to preview and download forms and publications.