TAXABLE YEAR CALIFORNIA FORM

## Nonadmitted Insurance Tax Return 2022

202	2 Nonadmitted Insu	ıran	ce Tax Retu	rn			!	570
Amended 🗆	The policyholder completes thi							
Select calenda Period ending	ar quarter during which the taxable insurance con :	tract(s) t eptembe						
Part I Poli		эртотпоо	<u> </u>					
Business nam	-				□ssn	or ITIN	☐ FEIN ☐ CA Corp no. ☐ C	A SOS file no.
First name		Initial	Last name					
DBA (if applica	able)							
• • • • • • • • • • • • • • • • • • • •	D. I. D. I.							
Address (apt./	ste., room, PO box, or PMB no.)							
City (If you ha	ve a foreign address, see instructions.)					State	ZIP code	
ony (ii you na	ve a foreign address, see mandellons./					Olate	211 0000	
Port II To	x Computation. See instructions.							
	•	الماد دراما	hin California and Califor				<u> </u>	
	emiums paid or to be paid on risks located ent or your principal residence. See instructions	-		-		•		
	emiums paid or to be paid by California home							
							·	
	able premiums. Add line 1 and line 2							
	. Multiply line 3 by 3% (.03). (There is no stam		•				4	
	turned premiums previously taxed. Attach cop							
Total pre	miums returned \$ Quarte	er/year ta	axed	_ Policy	y No		5	
<b>6</b> Overpayi	ments from prior quarters. Quarter/year						6	
<b>7</b> Prepaym	ents. See instructions						7	
8 Total pre	miums returned, overpayments, or prepaymen	ıts. Add	line 5 through line 7				8	
9 Balance.	. Subtract line 8 from line 4. If the amount on li	ine 8 is	more than the amount on	line 4.	See instruction	ns	9	
10 Penalty f	or late payment of tax. See instructions						10	
11 Interest	on late payment. See instructions						11	
12 Payment	t due. Add line 9 through line 11. If the result is	s positiv	e, enter here. Make a che	ck or m	noney order			
payable t	to the "Franchise Tax Board". See instructions.						12	
13 Overpay	ment. Add line 9 through line 11. If result is ne	egative,	enter here				13	
14 Overpayı	ment to be applied to the next quarter. See inst	ructions					14	
	Subtract line 14 from line 13							
	agent or broker with a valid power of attorne							
Business nan	<u> </u>	•			person's name		<u>.                                      </u>	
Business add	Iress		C	Contact p	oerson's teleph	one		
	Our privacy notice can be found in annual tax booklets	or online	Go to fth ca nov/privacy to lea	arn ahout	t our privacy poli	cv stater	ment or go to fth ca gov/forms a	nd search for
	1131 to locate FTB 1131 EN-SP, Franchise Tax Board P	rivacy Not	ice on Collection. To request th	nis notice	by mail, call 800	0.338.05	05 and enter form code 948 whe	n instructed.
	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other the	ed this for ian taxpay	m, including accompanying sc er) is based on all information	hedules a of which	and statements, i preparer has an	and to tr y knowle	ne best of my knowledge and beli edge.	et, it is true,
Sign							elephone	
Here								
	Elected officer's or authorized person's signature						Date	
	Driet as transport of a second				01-1-11			
	Print or type preparer's name				Check if self-employe		elephone	
Paid	Preparer's signature			D	ate		PTIN	
Preparer's	Toparor o dignaturo			0	u.o		1114	
Use Only	Pusiness name (ex veurs "f					F	Firm's FEIN	
	Business name (or yours, if					-		

May the FTB discuss this return with the preparer shown above (see instructions)? . . . . . . ● ☐ Yes ☐ No

3681223 Form 570 2021 **Side 1** 

Policyholder Name:		Policyholder ID No.:							
Policyholder Name: Policyholder ID No.:  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 Sicon 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 CLEARLY					
(a) Policy number	(b) Name of each nonadmitted insurance company	(c) Type of insurance coverage	(d) Location of risks	<b>(e)</b> Total premium					
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T									
Total									