2023 Nonadmitted Insurance Tax Return

570

| Amended The policyholder completes this form. | | | | | | | | | |
|---|--|----------------------|--------------------------------|---|---------------------|--|--|--|--|
| Select calenda Period ending | ar quarter during which the taxable insurance cont : | ract(s) t ptember | | | | | | | |
| Part I Poli | | | | | | | | | |
| | | | | | | N 🗆 FEIN 🗆 CA Corp no. 🗆 CA SOS file no. | | | |
| | | | | | | | | | |
| First name | | Initial | Last name | | | | | | |
| DBA (if applica | able) | | | | | | | | |
| Address (ant / | | | | | | | | | |
| Address (apt./ | ste., room, PO box, or PMB no.) | | | | | | | | |
| City (If you have a foreign address, see instructions.) | | | | | State ZIP code | | | | |
| Dort II To | v Computation Soc instructions | | | | | | | | |
| | x Computation. See instructions. | rohuwit | hin California, and California | | ringinal place | of | | | |
| | Gross premiums paid or to be paid on risks located entirely within California, and California is your principal place of pusiness or your principal residence. See instructions | | | | | | | | |
| | 2 Gross premiums paid or to be paid by California home state insured, including policies with risks outside California2 | | | | | | | | |
| Gross premiums paid of to be paid by cantornia nome state insured, including policies with risks outside cantornia2 | | | | | | | | | |
| | . Multiply line 3 by 3% (.03). (There is no stam | | | | | | | | |
| | | | | | | | | | |
| | 5 3% of returned premiums previously taxed. Attach copies of all contracts. See instructions. Total premiums returned \$ Quarter/year taxed Policy No S 6 Overpayments from prior quarters. Quarter/year No S 7 Prepayments. See instructions | | | | | | | | |
| 6 Overnavr | ments from prior quarters. Quarter/year | i, your to | m m / y y y y | 0110y 140. | | 6 | | | |
| 7 Prenavm | m m / | у у у | / у | | | 7 | | | |
| | miums returned, overpayments, or prepayment | | | | | | | | |
| | | | | | | | | | |
| 9 Balance. Subtract line 8 from line 4. If the amount on line 8 is more than the amount on line 4. See instructions 9 | | | | | | | | | |
| 10 Penalty for late payment of tax. See instructions | | | | | | | | | |
| 11 Interest on late payment. See instructions | | | | | | | | | |
| 12 Payment due. Add line 9 through line 11. If the result is positive, enter here. Make a check or money order payable to the "Franchise Tax Board". See instructions. | | | | | | | | | |
| | | | | | | | | | |
| 13 Overpayment. Add line 9 through line 11. If result is negative, enter here | | | | | | | | | |
| | Subtract line 14 from line 13 | | | | | | | | |
| | agent or broker with a valid power of attorney | | | | | | | | |
| Business nan | · · · · | | | tact person | | | | | |
| | | | | | | | | | |
| Business address | | | Con | Contact person's telephone | | | | | |
| Sign Here | U Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to let 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request to Under penalties of perjury, I declare that I have examined this form, including accompanying s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information Print or type elected officer's or authorized person's name | | | s notice by mail, call 800.338.0505 and enter form code 948 when instructed. edules and statements, and to the best of my knowledge and belief, it is true. | | | | | |
| | Elected officer's or authorized person's signature | | | | | Date | | | |
| | | | | | | | | | |
| Paid Preparer's Use Only | Print or type preparer's name | | | | heck if employed | Telephone | | | |
| | Preparer's signature | | | Date | | PTIN | | | |
| | Business name (or yours, if | | | | | Firm's FEIN | | | |
| | May the FTB discuss this return with the preparer | | | | | | | | |

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Policyholder Name: _

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 Side 2 on 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 CLEARL | | | | | | | | | | |
|-----------------------------|--|--|--------------------------|-----------------------------|--|--|--|--|--|--|
| (a) Policy number | (b) Name of each nonadmitted insurance company | (c) Type of insurance coverage | (d) Location of risks | (e) Total premium | | | | | | |
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