

2018 Nonadmitted Insurance Tax Return

570

Amended [] The policyholder completes this form.

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending: [] March 31 [] June 30 [] September 30 [] December 31

Part I Policyholder

Business name [] SSN or ITIN [] FEIN [] CA Corp no. [] CA SOS file no.

First name Initial Last name

DBA (if applicable)

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) State ZIP code

Part II Tax Computation. See instructions.

Table with 15 rows for tax computation, including lines for gross premiums, total taxable premiums, total tax, and refund.

If you are an agent or broker with a valid power of attorney authorizing you to file this return on behalf of the insured, enter the following information:

Table for agent/broker information with fields for Business name, Business address, Contact person's name, and Contact person's telephone.

Table for signature and preparer information, including sections for 'Sign Here' and 'Paid Preparer's Use Only' with fields for names, signatures, dates, and telephone numbers.

