

2019 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, First name, Initial, Last name, DBA, Address, City, State, ZIP code

Part II Tax Computation. See instructions.

Table with 15 rows for tax computation: 1 Gross premiums paid, 2 Gross premiums paid by California home state, 3 Total taxable premiums, 4 Total tax, 5 3% of returned premiums, 6 Overpayments, 7 Prepayments, 8 Total premiums returned, 9 Balance, 10 Penalty for late payment, 11 Interest on late payment, 12 Payment due, 13 Overpayment, 14 Overpayment to be applied, 15 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:

Business name, Business address, Contact person's name, Contact person's telephone

Sign Here: Print or type elected officer or authorized person's name, Telephone, Elected officer or authorized person's signature, Date.
Paid Preparer's Use Only: Print or type preparer's name, Check if self-employed, Telephone, Preparer's signature, Date, PTIN, Business name (or yours, if self-employed) and address, FEIN.
May the FTB discuss this return with the preparer shown above (see instructions)? [ ] Yes [ ] No

