TAXABLE YEAR

CALIFORNIA FORM

2020 Nonadmitted Insurance Tax Return

570

Amended \Box	The policyholder completes this								
Select calenda Period ending	ar quarter during which the taxable insurance cont :	ract(s) t ptembe							
Part I Poli	icyholder								
Business name					☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.				
			T						
First name		Initial	Last name						
OBA (if applica	able)	1							
Address (apt./	ste., room, PO box, or PMB no.)								
City (If you be	nua a favaiga addusaa aga inatuustiana \	Ctoto	e ZIPcode						
City (If you have a foreign address, see instructions.)					State ZIPcode				
Part II Ta	x Computation. See instructions.					·			
	emiums paid or to be paid on risks located enti								
	business or your principal residence. See instructions								
	Total taxable premiums. Add line 1 and line 2								
	Total tax. Multiply line 3 by 3% (.03). (There is no stamping fee.)								
	turned premiums previously taxed. Attach copi								
						5			
6 Overnavr	miums returned \$ Quarte ments from prior quarters. Quarter/year	., , oa	m m/y y y			6			
7 Prenavm	nents from prior quarters. Quarter/year ents. See instructions	у у у	<u>/ у</u>			7			
	miums returned, overpayments, or prepayment								
	Subtract line 8 from line 4. If the amount on li								
10 Penalty for late payment of tax. See instructions 10									
	t due . Add line 9 through line 11. If the result is								
	to the "Franchise Tax Board". See instructions.					12			
	ment. Add line 9 through line 11. If result is ne								
	ment to be applied to the next quarter. See instr								
	Subtract line 14 from line 13					•			
	agent or broker with a valid power of attorne							1:	
Business nan									
Business add	ress			Contact person's telephone					
0:	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested it search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno						•	rue,	
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 -employed	Telephone			
	Preparer's signature			Date		PTIN			
	Business name (or yours, if self-employed) and address					Firm's FEIN			
	May the FTB discuss this return with the preparer	shown a	above (see instructions)?	• 🗆 '	Yes No				

Policyholder Name: _		Policyholder ID No.:					
Part III Insurance on the bottom separat	e Contracts – If you have more than 23 policies to receive. Do not create a schedule to report additional polic	eport, enter the additional policie ies. We only accept and process	s on another Side 2 of For official versions of Side 2	rm 570. Total each Side 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			
Total							
•				•			

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Side 2 Form 570 2019