TAXABLE YEAR CALIFORNIA FORM

2023

Nonadmitted Insurance Tax Return

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Amended 🗌	The policyholder completes	this form.				
	ar quarter during which the taxable insurance o	contract(s) t	ook effect or was renewed.			
Period ending		September	30 December 31			
Part I Pol	<u> </u>			10		
Business nam	le			□ SSN	N or ITIN ☐ FEIN ☐ CA Corp no	o. ☐ CA SOS file no.
First name		Initial	Last name			
i iist iiaiiie		IIIIIai	Lastrianie			
DBA (if applic	able)					
22/ (appo.						
Address (apt./	ste., room, PO box, or PMB no.)					
City (If you ha	ave a foreign address, see instructions.)				State ZIP code	
Part II Ta	x Computation. See instructions.					
	emiums paid or to be paid on risks located	entirely witl	nin California, and Californ	nia is your principal	place of	
	or your principal residence. See instruction					
	remiums paid or to be paid by California hor					
	able premiums. Add line 1 and line 2					
	. Multiply line 3 by 3% (.03). (There is no st					
	turned premiums previously taxed. Attach o					
lotal pre	miums returned \$ Qua	arter/year ta	xea	Policy No.	5	
6 Overpay	miums returned \$ Quarter/year ments from prior quarters. Quarter/year ments. See instructions	m/v v v			6	
8 Total pre	miums returned, overpayments, or prepayn	nents. Add I	ine 5 through line 7		8	
9 Balance	. Subtract line 8 from line 4. If the amount o	on line 8 is r	nore than the amount on	line 4. See instructi	ons 9	
	or late payment of tax. See instructions					
11 Interest	on late payment. See instructions					
12 Paymen	t due. Add line 9 through line 11. If the resu	ılt is positiv	e, enter here. Make a chec	k or money order		
payable t	to the "Franchise Tax Board". See instruction	ns				
13 Overpay	ment. Add line 9 through line 11. If result is	s negative, e	enter here		13	
14 Overpay	ment to be applied to the next quarter. See in	nstructions			14	
15 Refund.	Subtract line 14 from line 13					
	agent or broker with a valid power of atto					information:
Business nar	me		C	ontact person's name)	
Business add	iress		C	ontact person's telepl	none	
	Our privacy notice can be found in annual tax bookl	ets or online	Go to fth.ca.gov/privacy to lead	n about our privacy po	licy statement, or go to fth.ca.gov/	forms and search for
	1131 to locate FTB 1131 EN-SP, Franchise Tax Boar	d Privacy Noti	ce on Collection. To request thi	s notice by mail, call 80	0.338.0505 and enter form code 9	48 when instructed.
	Under penalties of perjury, I declare that I have exar correct, and complete. Declaration of preparer (other					.nu bellet, it is true,
Sign Here	Print or type elected officer's or authorized per	rson's name			Telephone	
11010						
	Elected officer's or authorized person's signatu	ure			Date	
	Print or type preparer's name			Obool: !f	Tolophore	
	Frint of type preparer's name			Check if self-employ	Telephone ed	
Paid	Preparer's signature			Date	PTIN	
Preparer's						
Use Only	Business name (or yours, if				Firm's FEIN	
	self-employed) and address					
	May the FTB discuss this return with the prepa	arer shown a	bove (see instructions)?		No	

3681233 Form 570 202**2, Side 1**

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 polici	port, enter the additional policie es. We only accept and process	s on another Side 2 of For official versions of Side 2	m 570. Total each 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	(e) Total premium		
1 oney number	Name of dam nondamicod modranos company	Type of mourance coverage	Location of Hoko	rotal promium		
	10					
	A X					
	. 0					