

2024 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 (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: 1 Gross premiums paid or to be paid on risks located entirely within California... 2 Gross premiums paid or to be paid by California home state insured... 3 Total taxable premiums... 4 Total tax... 5 3% of returned premiums... 6 Overpayments from prior quarters... 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's or authorized person's name, Elected officer's or authorized person's signature, Date, Telephone. Paid Preparer's Use Only: Preparer's name, Preparer's signature, Date, Telephone, PTIN, Business name (or yours, if self-employed) and address, Firm's FEIN. May the FTB discuss this return with the preparer shown above (see instructions)? [ ] Yes [ ] No

