TAXABLE YEAR CALIFORNIA FORM

2024

Nonadmitted Insurance Tax Return

570

Amended \square	The policyholder completes this								
Select calenda Period ending	r quarter during which the taxable insurance cont :								
Part I Poli	cyholder								
Business nam	е				☐ SSN or IT	IN 🗆 FEIN 🗆 CA Corp n	o. CA SOS file no.		
First name		Initial	Last name						
OBA (if applica	able)		1						
Address (apt./s	ste., room, PO box, or PMB no.)								
City (If you hav	City (If you have a foreign address, see instructions.)					e ZIP code			
Part II Tax	Computation. See instructions.								
	emiums paid or to be paid on risks located enti or your principal residence. See instructions	-							
	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								
Total pre	miums returned \$ Quarter ments from prior quarters. Quarter/year ents. See instructions	r/vear ta	axed	Polic	v No.	5			
6 Overpayr	ments from prior quarters. Quarter/vear	,	m m/y y y y	 		6			
7 Prepaym	ents. See instructions	у у у	/ y			7			
	miums returned, overpayments, or prepayment								
	Subtract line 8 from line 4. If the amount on the								
	Penalty for late payment of tax. See instructions								
	due. Add line 9 through line 11. If the result is								
						■ 12			
	payable to the "Franchise Tax Board". See instructions								
	Overpayment to be applied to the next quarter. See instructions								
	Subtract line 14 from line 13								
	agent or broker with a valid power of attorne						information:		
Business nam									
Business add	ress	7		Contact	person's telephone				
0:	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy stat 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338. 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 known					0505 and enter form code 9 the best of my knowledge a wledge.	48 when instructed.		
Sign Here	Print or type elected officer's or authorized person's name					Telephone			
	Elected officer's 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				ate	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				

3681243 Form 570 2023 Side 1

Policyholder Name:				
Part III Insurance	e Contracts – If you have more than 23 policies to recely. Do not create a schedule to report additional polici	port, enter the additional policie	s on another Side 2 of For	rm 570. Total each Side and Si
				PRINT CLEARL
(a) Policy number	(b) Name of each nonadmitted insurance company	(c) Type of insurance coverage	(d) Location of risks	(e) Total premium
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