TAXABLE YEAR

CALIFORNIA FORM

2026 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 | ☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

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.

1	Gross premiums paid or to be paid on risks located entirely within California, and California is your principal place of business or your principal residence. See instructions	1
2	Gross premiums paid or to be paid by California home state insured, including policies with risks outside California	2
3	Total taxable premiums. Add line 1 and line 2	3
4	Total tax. Multiply line 3 by 3% (.03). (There is no stamping fee.)	4
5	3% of returned premiums previously taxed. Attach copies of all contracts. See instructions. Total premiums returned $ _____ Quarter/year taxed _____ (m m / y y y y) Policy No. _____	5
6	Overpayments from prior quarters. Quarter/year _____ (m m / y y y y)	6
7	Prepayments. See instructions.	7
8	Total premiums returned, overpayments, or prepayments. Add line 5 through line 7	8
9	**Balance**. Subtract line 8 from line 4. If the amount on line 8 is more than the amount on line 4. See instructions	9
10	Penalty for late payment of tax. See instructions	10
11	Interest on late payment. See instructions	11
12	**Payment due**. Add line 9 through line 11. If the result is positive, enter here. Make a check or money order payable to the "Franchise Tax Board". See instructions.	12
13	**Overpayment.** Add line 9 through line 11. If result is negative, enter here	13
14	Overpayment to be applied to the next quarter. See instructions	14
15	**Refund**. Subtract line 14 from line 13	15

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

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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 ▶	Date	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

Policyholder Name: _____ Policyholder ID No.:_____

Part III Insurance Contracts – If you have more than 23 policies to report, enter the additional policies on another Side 2 of Form 570. Total each Side 2 on the bottom separately. **Do not** create a schedule to report additional policies. We only accept and process official versions of 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
Total				