TAXABLE YEAR

CALIFORNIA FORM

## 2018 Nonadmitted Insurance Tax Return

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Amended $\Box$	The policyholder completes this form.				
	ndar quarter during which the taxable insurance contract(s) took effect or ving:   March 31 June 30 September 30 Dece		ed.		
Period endir	ng:	ember 31			
Business nam	7		☐SSN or IT	IN □ FEIN □ CA Corp	o no.   CA SOS file no.
First name	Initial Last name		•		
DBA (if application	able)				
Address (apt./	/ste., room, PO box, or PMB no.)				
City (If you ha	ive a foreign address, see instructions.)		State	ZIP code	
	Tax Computation. See instructions.				
	remiums paid or to be paid on risks located entirely within California, and Calif				
	s or your principal residence. See instructions				
	remiums paid or to be paid by California home state insured, including policies				
	able premiums. Add line 1 and line 2				
				4	
	eturned premiums previously taxed. Attach copies of all contracts. See instruct				
lotal pre	emiums returned \$ Quarter/year taxed m m/y y y	y Policy I	Vo	5	
<b>b</b> Overpayi	emiums returned \$ Quarter/year taxed m m/ y y y y ments from prior quarters. Quarter/year m m/ y y y y nents. See instructions			b	
	emiums returned, overpayments, or prepayments. Add line 5 through line 7				
	Subtract line 8 from line 4. If the amount on line 8 is more than the amount				
	for late payment of tax. See instructions				
	on late payment. See instructions				
	t due. Add line 9 through line 11. If the result is positive, enter here. Make a cl to the "Franchise Tax Board". See instructions			12	
	rment. Add line 9 through line 11. If result is negative, enter here				
	ment to be applied to the next quarter. See instructions				
	Subtract line 14 from line 13				
	agent or broker with a valid power of attorney authorizing you to file this re				ng information:
	me				3
D		0			
Business add	dress	Contact pe	rson's telephone		
	To learn about your privacy rights, how we may use your information, and the consi	equences fo	r not providing the	e requested information	 1, go to
	ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852. Under penalties of perjury, I declare that I have examined this form, including according to the control of the contr		hedules and state	ements and to the best	of my knowledge
Sign	and belief, it is true, correct, and complete. Declaration of preparer (other than taxp Print or type elected officer or authorized person's name			on of which preparer h	
Here	Print or type elected officer or authorized person's name			Telephone	
Elected officer or authorized person's signature			( ) Date		
	Print or type preparer's name		Check if	Telephone	
		s	elf-employed	( , , ), .	
Paid Preparer's	Preparer's signature	Date	е	PTIN	
Use Only	<b>&gt;</b>				
	Business name (or yours, if self-employed) and address			FEIN _	
	May the FTB discuss this return with the preparer shown above (see instructions)?	,	□ Voc. □ NI-		
	Imay the Lib discuss this return with the preparer shown above (see instructions)?	• l	1e5	1	

	nce Contracts – If you have more than 23 policie separately. Do not create a schedule to report additiona		policies on another Side 2 of	
2 on the bottom s	separately. <b>Do not</b> create a schedule to report additiona	Il policies. We only accept and p	rocess official versions of S	PRINT CL
Policy Number	Name of Each Nonadmitted Insurance Company	Type of Insurance Goverage	Location of Risks	Total Premiur
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