

2020 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, ZIPcode

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 or authorized person's name, Telephone, Elected officer 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, FEIN, May the FTB discuss this return with the preparer shown above (see instructions)? [] Yes [] No

