TAXABLE YEAR

CALIFORNIA FORM

## 2020 Nonadmitted Insurance Tax Return

**570** 

Amended $\Box$	The policyholder completes this								
Select calenda Period ending	ar quarter during which the taxable insurance cont y:								
Part I Pol	icyholder								
Business nam	ne				☐ SSN or IT	TIN ☐ FEIN ☐ CA Corp	p no. $\square$ CA SOS file no.		
		1.20.1	T						
First name		Initial	Last name						
DBA (if applic	able)								
Address (apt./	(ste., room, PO box, or PMB no.)								
City (If you ha	ave a foreign address, see instructions.)				State	e ZIPcode			
, ( ,	,								
Part II Ta	x Computation. See instructions.				70				
1 Gross pr	remiums paid or to be paid on risks located enti	irely wit	hin California, and Califo	ornia is you	ır principal place	e of	1		
business or your principal residence. See instructions									
2 Gross pr	Gross premiums paid or to be paid by California home state insured, including policies with risks outside California 2								
	Total taxable premiums. Add line 1 and line 2								
4 Total tax	. Multiply line 3 by $3\%$ (.03). (There is no stamp	ping fee	.)			4			
<b>5</b> 3% of re	turned premiums previously taxed. Attach copi	es of all	contracts. See instruct	ions.					
Total pre	miums returned \$ Quarte ments from prior quarters. Quarter/year ments. See instructions	r/year ta	axed	Policy I	Vo.	5			
<b>6</b> Overpay	ments from prior quarters. Quarter/year	V V V				6			
7 Prepaym	nents. See instructions	у у				7			
	miums returned, overpayments, or prepayment								
	. Subtract line 8 from line 4. If the amount on li								
10 Penalty f	for late payment of tax. See instructions					10			
11 Interest	on late payment. See instructions								
	t due. Add line 9 through line 11. If the result is to the "Franchise Tax Board". See instructions.					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						ing information:		
Business nar							3		
Business add	dress			Contact pe	t person's telephone				
	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> . To request this notice by mail, call 800.852.5711.								
	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.								
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kno Print or type elected officer or authorized person's name					Telephone			
Here									
	Elected officer or authorized person's signature					Date			
	<b>&gt;</b>								
Paid Preparer's Use Only	Print or type preparer's name				Check if self-employed	Telephone			
	Preparer's signature			Date	<u> </u>	PTIN			
	<b>•</b>								
	Business name (or yours, if					FEIN			
	self-employed) and address								
	May the FTB discuss this return with the preparer	shown a	above (see instructions)?	• l	∟ Yes ∟ No	1			

Policyholder Name:		Policyl	nolder ID No.:	
Part III Insurance on the bottom separat	e Contracts – If you have more than 23 policies to reley. Do not create a schedule to report additional polici	eport, enter the additional policie	es on another Side 2 of Forr official versions of Side 2 of	m 570. Total each Side :
· · · · ·		<u> </u>		PRINT CLEARL
(a) Policy number	(b) Name of each nonadmitted insurance company	(c) Type of insurance coverage	(d) Location of risks	<b>(e)</b> Total premium
			2	
			0	
		(0)		
	2			
\	Co			
Total				