

2024 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.

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:

Table with 2 columns: Business name, Business address and Contact person's name, Contact person's telephone.

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... 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.

Sign Here section with fields for: 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 section with fields for: 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
<b>Total</b> .....				