TAXABLE YEAR CALIFORNIA FORM

## **Nonadmitted Insurance Tax Return** 2022

202	2 Nonadmitted Ins	uran	ce Tax Retur	n		570		
Amended 🗌	The policyholder completes the							
Select calenda Period ending	r quarter during which the taxable insurance co :	ntract(s) Septembe						
Part I Poli	cyholder							
Business nam	е				SN or ITIN ☐ FEIN ☐ (	CA Corp no.   CA SOS file no.		
First name		Initial	Last name					
DBA (if applica	able)							
Address (apt./	ste., room, PO box, or PMB no.)							
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,				<i>t</i> <b>X</b>			
City (If you ha	ve a foreign address, see instructions.)				State ZIP code			
Part II Ta	x Computation. See instructions.							
	emiums paid or to be paid on risks located e or your principal residence. See instructions							
	emiums paid or to be paid by California home							
	able premiums. Add line 1 and line 2							
	Multiply line 3 by 3% (.03). (There is no sta					_		
<b>5</b> 3% of re	turned premiums previously taxed. Attach co	nies of al	Contracts. See instruction.	S.				
Total pre	miums returned \$ Quar	ter/vear t	axed	Policy No.	5			
6 Overpayı	miums returned \$ Quartents from prior quarters. Quarter/year ents. See instructions	,	m m/y y y y					
<b>7</b> Prepaym	ents. See instructions	ı/yy	УУ		7			
8 Total pre	miums returned, overpayments, or prepayme	ents. Add	line 5 through line 7		8			
	Subtract line 8 from line 4. If the amount on							
11 Interest	or late payment of tax. See instructions on late payment. See instructions				11			
12 Payment	due. Add line 9 through line 11. If the result to the "Franchise Tax Board". See instructions	is positiv	e, enter here. Make a checl	k or money orde	r			
	ment. Add line 9 through line 11. If result is							
	ment to be applied to the next quarter. See in							
	Subtract line 14 from line 13							
	agent or broker with a valid power of attorn							
Business nan		icy autilic		ntact person's na	<u> </u>	ionowing information.		
				·				
Business add	ress		Co	ntact person's tel	ephone			
	Our privacy notice can be found in annual tax booklet 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other	Privacy No ned this fo	ice on Collection. To request this m, including accompanying sche	s <del>form</del> by mail, call be edules and statemen	300.338.0505 and enter for ts, and to the best of my k	rm code <b>948</b> when instructed.		
Sign Here	Print or type elected officer's or authorized person	Telephone						
	Elected officer's or authorized person's signature	Date						
	<b>&gt;</b>							
Paid Preparer's Use Only	Print or type preparer's name			Check self-empl				
	Preparer's signature			Date	PTIN			
	Business name (or yours, if self-employed) and address			1	Firm's FEIN			

May the FTB discuss this return with the preparer shown above (see instructions)? . . . . . . ● ☐ Yes ☐ No

Form 570 2021 **Side 1** 3681223

Policyholder Name: _		Policyholder ID No.:				
Part III Insurance on the bottom separat	e Contracts – If you have more than 23 policies to retely. Do not create a schedule to report additional polici	eport, enter the additional policie es. We only accept and process	es on another Side 2 of For official versions of Side 2	rm 570. Total each 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		
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