

2022 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, ZIP code

Part II Tax Computation. See instructions.

Table with 15 rows: 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: Our privacy notice can be found in annual tax booklets or online... Declaration of preparer... 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: 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

