

**SURPLUS LINE BROKER AND SPECIAL LINES SURPLUS LINE BROKER  
ANNUAL STATEMENT AND TAX RETURN**

CDI FS-006 (REV 11/2004)

**FOR CALENDAR YEAR 2004****TAX DUE DATE March 1, 2005**

Broker's Name		Surplus Line License Number	
D.B.A. (Doing Business As)		Federal Tax I.D. No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	
Telephone Number		<input type="checkbox"/> No Payment <input type="checkbox"/> Check <input type="checkbox"/> EFT	

If New Broker, check here ☐    If Name Change, check here ☐    If Final Return, check here ☐    If Amended Return, check here ☐  
 and indicate the effective date of the final transaction \_\_\_\_\_ and indicate the date when it was amended. \_\_\_\_\_

**STATEMENT OF CALIFORNIA TAXABLE NONADMITTED PREMIUMS**

On policies/certificates and endorsements transacted by the broker filing this return.  
from JANUARY 1, 2004 TO DECEMBER 31, 2004

		CDI use only
<b>Annual Tax</b>	1. Gross Premiums transacted during 2004	1. \$ _____
	2. DEDUCT: Returned Premiums during 2004	2. \$ _____
	3. Net Taxable Premiums (Line 1 less Line 2)	3. \$ _____
	4. Tax Rate	4. 3%
	5. 2004 Annual Tax	5. \$ _____
<b>Credits &amp; Payments</b>	6. Deduct Monthly Tax Payments made during 2004:	
	A. Credit Applied from 2003 Annual Tax Overpayment	
	B. Jan (due 4/1) _____	H. Jul (due 10/1) _____
	C. Feb (due 5/1) _____	I. Aug (due 11/1) _____
	D. Mar (due 6/1) _____	J. Sept (due 12/1) _____
	E. Apr (due 7/1) _____	K. Oct (due 1/1) _____
	F. May (due 8/1) _____	L. Nov (due 2/1) _____
	G. Jun (due 9/1) _____	* M. Dec (due 3/1) <b>XXXXXXXXXX</b>
* Refer to the instructions, Line 6		
7. Total Monthly Tax Payments (Sum of Line 6A through 6L)	7. \$ _____	
<b>Annual Tax Due</b>	8. If Line 5 is more than Line 7, subtract Line 7 from Line 5.	8. \$ _____
	<b>This is the amount of ANNUAL TAX OWED.</b> NET ANNUAL TAX DUE MARCH 1st	
<b>Credit / Refund</b>	9. If Line 7 is more than Line 5, subtract Line 5 from Line 7.	9. \$ _____
	<b>This is the amount of ANNUAL TAX OVERPAID</b> OVERPAYMENT: <b>ONE MUST BE CHECKED</b> <input type="checkbox"/> To Be Refunded <input type="checkbox"/> To Be Credited	

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[illegible]

### Total **Gross** Premiums

Complete and return all pages

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California  
Gross Taxable Premium

[illegible]Total **Gross** Premiums

**NOTE: The total of lines 10 and 10a should reconcile with line 1.**

## CDI FS-006 (REV 11/2004)

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11. Name of Purchasing Groups Surplus Line Business	California Gross Taxable Premium

[illegible]

If necessary, copy this page and attach to the tax return.

Total **Gross** Premiums

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## 12. Statement of California Surplus Line Trust Assets and Liabilities as of December 31, 2004

Note: These are the ending balances at year end in accordance with the California Insurance Code Sections 1733 - 1735.

If reporting on a fiscal year basis state the year end date: \_\_\_\_\_

A. Total Trust Assets \_\_\_\_\_

B. Total Trust Liabilities \_\_\_\_\_

C. Difference \_\_\_\_\_

## 13. STATEMENT OF NONTAXABLE BUSINESS WRITTEN (Pursuant to California Insurance Code Section 1760.5)

NOTE: All brokers licensed for Special Surplus Lines and all Special Surplus Line Brokers are required to complete this section pursuant to the California Insurance Code Section 1760.5(4)(d).

Mexican Tourist Trip Coverage \_\_\_\_\_

Business conducted under the Special Surplus Line Broker License:

A. Ocean Marine \_\_\_\_\_

B. Aircraft Insurance - Hull Only  
(Aircraft Liability is taxable) \_\_\_\_\_

C. Railroads engaged in Interstate Commerce \_\_\_\_\_

## 14. BUSINESS ADDRESS IF DIFFERENT FROM MAILING ADDRESS:

\_\_\_\_\_  
Street and Suite Number\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code

Contact Person for this Return: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name and Title

( ) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
E-mail address

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**SURPLUS LINE BROKER'S CERTIFICATION**

To be signed in black or blue ink.

I, \_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Title

hereby declare under penalty of perjury pursuant to the laws of the State of California that this annual statement and tax return, including any accompanying schedules or statements has been examined by me and is true, correct, and complete.

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed