

HOME PROTECTION TAX RETURN

CDI FS-004 (REV 9/2003)

FOR CALENDAR YEAR 2003

TAX DUE DATE APRIL 1, 2004

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment <input type="checkbox"/> Check <input type="checkbox"/> EFT
Telephone & Fax #			
State of Domicile			

If New Company, check here If Name Change, check here If Final Return, check here

STATEMENT OF DIRECT CONTRACT FEES DURING CALENDAR YEAR 2003

			CDI use only
Annual Tax	1. Total Direct Fees Written	1. _____	
	2. Tax Rate	2. 2.35%	
	3. 2003 Annual Tax	3. _____	
Credits & Prepayments	4. Low Income Housing Credit	4. _____	
	5. COIN Credit	5. _____	
	6. Prepayments Made During the Reporting Year of 2003		
	a. Overpayment applied from prior year	_____	
	b. First Quarter (Balance paid)	_____	
	c. Second Quarter	_____	
	d. Third Quarter	_____	
e. Fourth Quarter	_____		
f. Total Prepayments	6f. _____		
7. Total Credits & Prepayments Made	7. _____		
Tax Due	8. 2003 Tax Due - If Line 3 is greater than Line 7	8. _____	
	9. 2003 Tax Overpayment - If Line 7 is greater than Line 3	9. _____	
Tax Overpayment	The tax overpayment (line 9) may be applied to the 2004 first quarter prepayment. A Refund SHALL NOT be applied to the 2004 second quarter prepayment or any future tax payment.		
	10. 2004 First Quarter Prepayment	10. _____	
1st Quarter Prepayment	a. 2003 Tax Overpayment applied to the 1st Quarter Prepayment	a. _____	
	b. 2004 First Quarter Prepayment Balance Due	10b. _____	
Tax Refund	11. Tax Refund	11. _____	

TAX PAYMENTS DUE APRIL 1, 2004	Line 8	2003 Tax Due _____
	Line 10b.	2004 First Quarter Prepayment Balance Due _____
Each Payment must be paid separately and should NOT be combined to make one lump sum payment		

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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, _____, _____
Type or print Name Type or print Title

of _____,
Type or print Name of Company

hereby declare under the penalties of perjury that this return (including accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature Date City State

SPACE FOR NOTARY

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different than Page 1

Mailing Address Phone: _____

City, State, Zip Fax number of Contact Person: _____

E-Mail

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Line 01: Direct Premiums Written (Sch. T, Line 5): _____

Line 02: Additional Contract Fees directly paid by Contractholder*: _____

Line 03: Total of Lines 01 and 02: _____

* Fees that are charged for additional expense incurred in selling insurance on an installment basis such as additional bookkeeping expense and collection expense. *Allstate Insurance Co. v State Board of Equalization (1959) 169 Cal.App.2d 169.*

Attach a copy of the 2003 Annual Statement Schedule T and Page 6A to the premium tax return.