

**TITLE INSURANCE TAX RETURN**

CDI FS-003 (REV 11/2004)

**FOR CALENDAR YEAR 2004**

**TAX DUE DATE APRIL 1, 2005**

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

If New Company, 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 TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2004**

		CDI use only
Annual Tax	1. Gross All Inclusive Title Insurance Premiums	1.
	1.1 Deduct Sum Retained by Underwritten Title Companies	1.1
	1.2 Net Taxable Insurance Premiums	1.2
	2. All Income Received on Reinsurance Assumed without deducting for reinsurance ceded	2.
	3. All Other Income Pursuant to RTC 12231 & 12232	3.
	4. Total Taxable Income	4.
5. Tax Rate	5. 2.35%	
6. 2004 Annual Tax	6.	
Credits & Prepayments	7. Low Income Housing Credit	7.
	8. COIN Credit	8.
	9. Prepayments Made During the Reporting Year of 2004	
	a. Overpayment applied from prior year	
	b. First Quarter (Balance paid)	
	c. Second Quarter	
	d. Third Quarter	
e. Fourth Quarter		
f. Total Prepayments	9f.	
10. Total Credits & Prepayments Made	10.	
Tax Due	11. 2004 Tax Due - If Line 6 is greater than Line 10	11.
Tax Overpayment	12. 2004 Tax Overpayment- If Line 10 is greater than Line 6 The tax overpayment (line 12) may be applied to the 2005 first quarter prepayment and the 2004 retaliatory tax. A Refund SHALL NOT be applied to the 2005 second quarter prepayment or any future tax payment.	12.
1st Quarter Prepayment	13. 2005 First Quarter Prepayment	13.
	a. 2004 Tax Overpayment applied to the 1st Quarter Prepayment	a.
	b. 2005 First Quarter Prepayment Balance Due	13b.
Retaliatory Tax	14. 2004 Retaliatory Tax	14.
	a. 2004 Tax Overpayment applied to the Retaliatory Tax	a.
	b. 2004 Retaliatory Tax Balance Due	14b.
Tax Refund	15. Tax Refund	15.

TAX PAYMENTS DUE APRIL 1, 2005	Line 11	2004 Tax Due	_____
	Line 13b	2005 First Quarter Prepayment Balance Due	_____
	Line 14b	2004 Retaliatory Tax Balance Due	_____
Each Payment must be paid separately and should NOT be combined to make one lump sum payment			

**TITLE INSURANCE TAX RETURN**

CDI FS-003 (REV 11/2004)

**FOR CALENDAR YEAR 2004**

**TAX DUE DATE APRIL 1, 2005**

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	

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

\_\_\_\_\_  
Signature Date City State

SPACE FOR NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me personally appeared \_\_\_\_\_

who is personally known to me as the \_\_\_\_\_ of \_\_\_\_\_

and who has taken an oath that the foregoing is true, correct and complete.

Seal:

\_\_\_\_\_  
Print or type Name and sign above the line

Contact person for this tax return:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Type or Print

Address if different from Page 1

\_\_\_\_\_  
Mailing Address Phone: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Fax number of Contact Person: \_\_\_\_\_

\_\_\_\_\_  
E-Mail

**TITLE INSURANCE TAX RETURN**

CDI FS-003 (REV 11/2004)

**FOR CALENDAR YEAR 2004**

**TAX DUE DATE APRIL 1, 2005**

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	

**SCHEDULE A - - Retaliatory Tax Return**

ALL INSURERS NOT DOMICILED IN CALIFORNIA MUST COMPLETE THIS SCHEDULE

**Part I. State of Domicile Tax on California Insurer**

- 1.
  - 1.1 Gross Premiums 1.1 \_\_\_\_\_
  - 1.2 Allowable Deductions 1.2 \_\_\_\_\_
  - 1.3 Net Taxable Premiums 1.3 \_\_\_\_\_
  - 1.4 Tax Rate 1.4 \_\_\_\_\_
  - 1.5 Amount of Tax 1.5 \_\_\_\_\_
  - 1.6 Fire Department Tax (Please provide support) 1.6 \_\_\_\_\_
  - 1.7 Fire Marshall Tax (Please provide support) 1.7 \_\_\_\_\_
  - 1.8 Annual Statement Fee in State of Domicile 1.8 \_\_\_\_\_
  - 1.9 Certificate of Authority in State of Domicile 1.9 \_\_\_\_\_
  - 1.10 Certification Fee in State of Domicile 1.10 \_\_\_\_\_
  - 1.11 Agents License fees (State number of agents x fee amt.) 1.11 \_\_\_\_\_

**2. Total State of Domicile Aggregate Imposition** **2.** \_\_\_\_\_

**Part II. California Tax on Foreign/Alien Insurer**

- 1. Premium Tax from Page 1, Line 06. 1. \_\_\_\_\_
- 2. Annual Statement Fee in the amount of \$356. Credit permitted if paid. 2. \_\_\_\_\_
- 3. Certificate of Authority Fee in the amount of \$360. Credit permitted if paid. 3. \_\_\_\_\_
- 4. Bureau of Fraudulent Claim Assessment in the amount of \$1300. Credit permitted if paid. 4. \_\_\_\_\_
- 5. Agents License fees (State number of agents x fee amt.) \_\_\_\_\_

**6. Total California Aggregate Imposition** **6.** \_\_\_\_\_

**7. 2004 Retaliatory Tax** **7.** \_\_\_\_\_

If amount on Part II, Line 6 is greater than Part I, Line 2,  
enter zero on Part II, Line 7.

If amount on Part I, Line 2 is greater than Part II, Line 6,  
enter difference between the two amounts on Part II, Line 7.

Enter result of calculation on Page 1, Line 14.

Attach a copy of the 2004 Schedule T and state of domicile Premium Tax Return.