



Instructions For Handwritten Forms

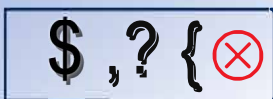
Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



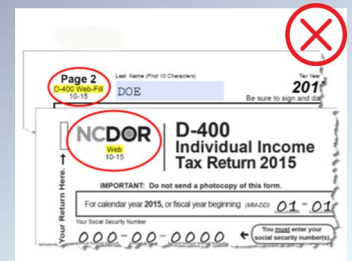
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



IB-83 Gross Premiums Tax Return Risk Purchasing Group

DOR Use Only

For tax year beginning (MM-DD-YY) and ending (MM-DD-YY)

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City State Zip Code

Name of Contact Person Phone Number State of Domicile

Federal Employer ID Number

NAIC Number

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT) Amended Return

Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year

Computation of Gross Premiums Tax

Table with 14 rows for tax computation. Includes items like 'N.C. Gross Premiums on Insurance Purchased During Calendar Year from Surplus Agents or Brokers', 'Gross Premiums Tax', 'N.C. Gross Premiums on Insurance Purchased During Calendar Year from Licensed Insurance Companies', 'Gross Premiums Tax', 'Gross Premiums Tax Due for the Risk Purchasing Group', 'Tax Credit', 'Gross Premiums Tax Liability', 'Installments Paid by', 'Balance of Gross Premiums Tax Due', 'Penalties', 'Interest', 'Total Gross Premiums Tax Due', 'Overpayment', 'Amount of Line 12 to be Applied to 2022 Gross Premiums Tax', and 'Gross Premiums Tax to be Refunded'. Each row has a numerical value field.

If tax due is not paid by the risk purchasing group you must attach a schedule showing the name of each insurer and each type of insurer from which insurance has been purchased. A statement from each insurer listed certifying that the tax due as calculated on this return is being reported and paid by the insurer must also be attached.

Printed Name: Title:

Signature: Date:

I certify that, to the best of my knowledge, this return is accurate and complete.

Returns are due by the 15th day of the 3rd month following the end of the calendar year. Your check or money order must be in the form of U.S. currency from a domestic bank. Electronic filing of returns is not available.