



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



Before printing select "actual size"



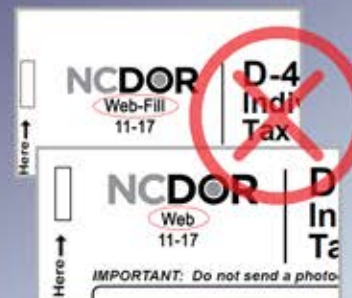
Do not print on both sides of the paper



Before Mailing



Do not mix form types



Do not submit photocopies of returns
Submit originals only



IB-53

Gross Premiums Tax Return for:

Fill in applicable circle: Self-Insured Workers' Compensation Group Health Maintenance Organization Hospital or Dental Service Corporation

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

DOR Use Only
____ / ____ / ____

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 ____ - ____ - ____

Part 1. Computation of Gross Premiums Tax (A copy of Schedule T and the State Business Page must be attached along with a reconciliation schedule explaining any differences in the premiums listed on the tax return, the North Carolina Business Page, and Schedule T.)

1. Taxable Premiums Written in N.C. During Calendar Year	▶	1.	_____	.00
2. Gross Premiums Tax (Self-Insured Workers' Compensation Group - multiply Line 1 by 2.5%; Health Maintenance Organization and Hospital or Dental Service Corporation - multiply Line 1 by 1.9%.)		2.	_____	.00
3. Tax Credits				
a. Guaranty Fund (Credit cannot exceed tax amount on Line 2. Attach 2017 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)		▶ 3a.	_____	.00
b. CD-425 and NC-478 Tax Credits (Attach applicable forms)		▶ 3b.	_____	.00
4. Gross Premiums Tax Due Line 2 minus Line 3a and 3b, but not less than zero		▶ 4.	_____	.00
5. Prior Year Credit Applied to 2017 (From Part 4, Line 1, Column 1)		▶ 5.	_____	.00
6. Gross Premiums Tax Installment Payments (From Part 4, Line 5, Column 1)		▶ 6.	_____	.00
7. Balance of Gross Premiums Tax Due Line 4 minus Lines 5 and 6, but not less than zero. If less than zero, enter amount on Line 10.		▶ 7.	_____	.00
8. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00				
<small>(See www.ncdor.gov for current interest rate and penalty information)</small>				
9. Total Gross Premiums Tax Due Add Lines 7, 8a and 8b		▶ 9.	\$ _____	.00
10. Overpayment		▶ 10.	_____	.00
11. Amount of Line 10 to be Applied to 2018 Gross Premiums Tax		▶ 11.	_____	.00
12. Gross Premiums Tax to be Refunded Line 10 minus Line 11		▶ 12.	_____	.00

Signature: _____ Title: _____ 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.

N.C. Department of Revenue, Insurance Premiums Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300

Part 2. Computation of Insurance Regulatory Charge

- 13. **Gross Premiums Tax Liability** ▶ 13. _____ .00
(From Part 1, Line 2)
- 14. **Insurance Regulatory Charge Liability** 14. _____ .00
Multiply Line 13 by 6.5%
- 15. **Prior Year Credit Applied to 2017** ▶ 15. _____ .00
(From Part 4, Line 1, Column 2)
- 16. **Insurance Regulatory Charge Installment Payments** ▶ 16. _____ .00
(From Part 4, Line 5, Column 2)
- 17. **Balance of Insurance Regulatory Charge Due** 17. _____ .00
Line 14 minus Lines 15 and 16, but not less than zero. If less than zero, enter amount on Line 20.
- 18. **a. Penalties** ▶ _____ .00 **b. Interest** ▶ _____ .00 (See www.ncdor.gov for current interest rate and penalty information)
- 19. **Total Insurance Regulatory Charge Due** 19. \$ _____ .00
Add Lines 17, 18a and 18b
- 20. **Overpayment** ▶ 20. _____ .00
- 21. **Amount of Line 20 to be Applied to 2018 Insurance Regulatory Charge** ▶ 21. _____ .00
- 22. **Insurance Regulatory Charge to be Refunded** 22. _____ .00
Line 20 minus Line 21

Part 3. Amount Due

- 23. **Total Payment Due for 2017** 23. \$ _____ .00
Add Lines 9 and 19 (An overpayment in one Part cannot be used to offset amount due in the other Part)

Part 4. Installment Payments Made (Should not include any negative amounts)

	(1) Gross Premiums Tax	(2) Insurance Regulatory Charge
1. Prior Year Credit Applied to 2017 <small>(Gross Premiums Tax - from prior IB-53, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-53, Part 2, Line 21)</small>		
2. Installment Payment made April 15, 2017 <small>(Do not include amount on Line 1) (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</small>		
3. Installment Payment made June 15, 2017 <small>(Do not include amount on Line 1) (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</small>		
4. Installment Payment made October 15, 2017 <small>(Do not include amount on Line 1) (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</small>		
5. Total Installment Payments Made in 2017 <small>Add Lines 2 through 4</small>		