



# Instructions For Handwritten Forms

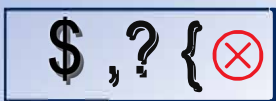
## Guidelines



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."



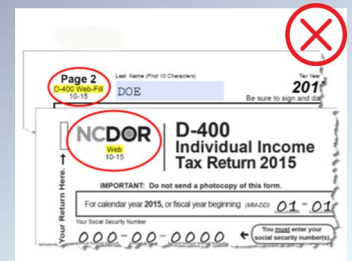
## Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



# IB-13

## Gross Premiums Tax Return

### Life, Accident, Health and Title Companies

For tax year beginning (MM-DD-YY) _____ and ending (MM-DD-YY) _____	DOR Use Only _____ / _____ / _____
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**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** \_\_\_\_\_

<b>Schedule A. Summary of Amount Due</b>	
<b>1. Total 2018 Gross Premiums Tax Liability Due</b> (From Schedule B, Part 3, Line 10)	1. _____ .00
<b>2. Total 2018 Insurance Regulatory Charge Due</b> (From Schedule C, Line 7)	2. _____ .00
<b>3. Total Payment Due for 2018</b> Add Line 1 and Line 2	3. \$ _____ .00

**The following must be attached to this return:**

- 2018 Schedule T from the Annual Statement
- 2018 North Carolina Business Page

**The following must be attached if applicable (check all that apply):**

- Reconciliation schedule explaining any differences in the premiums listed on the tax return, the North Carolina Business Page, and Schedule T
- 2018 Guaranty Assessment Tax Credit Available notice from either the North Carolina Life & Health Insurance Guaranty Association or the North Carolina Insurance Guaranty Association
- Schedule in support of any supplemental workers' compensation tax credits claimed
- Form CD-425, NC-478 and applicable series schedules in support of tax credits claimed

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.**

**Schedule B. Calculation of Gross Premiums Tax**

**Part 1. North Carolina Basis Gross Premiums Tax** *(Multiply NC Taxable Premiums by the Applicable Tax Rate)*

	NC Taxable Premiums	Tax Rate	Tax Computed on NC Basis
1. Life Insurance	.00	1.9%	.00
2. Annuities	.00	0%	.00
3. Accident and Health	.00	1.9%	.00
4. Workers' Comp	.00	2.5%	.00
5. All Other Lines <i>(attach schedule)</i>	.00	1.9%	.00
6. Finance Charges	.00	1.9%	.00
7. Total Add Lines 1 through 6	.00		.00

**Part 2. State of Domicile Basis Gross Premiums Tax** *(Enter state of domicile tax rate in the Tax Rate column. Multiply NC Taxable Premiums by the Tax Rate. Attach supplemental schedule showing detail of taxable premiums and tax computation if space provided is inadequate.)*

	NC Taxable Premiums	Tax Rate	Tax Computed on State of Domicile Basis
1. Life Insurance	.00	___ %	.00
2. Annuities	.00	___ %	.00
3. Accident and Health	.00	___ %	.00
4. Workers' Comp	.00	___ %	.00
5. All Other Lines <i>(attach schedule)</i>	.00	___ %	.00
6. Finance Charges	.00	___ %	.00
7. Total Add Lines 1 through 6	.00		.00

**Part 3. Computation of Gross Premiums Tax**

1. Gross Premiums Tax Computed on NC Basis <i>(From Part 1, Total Tax Computed)</i>	1.	.00
2. Retaliatory Tax Part 2, Total Tax Computed minus Part 1, Total Tax Computed, but not less than zero.	2.	.00
3. Gross Premiums Tax Line 1 plus Line 2	3.	.00
4. Tax Credits		
a. NC Guaranty Fund Assessment Credit <i>(From Schedule E, Total; not to exceed Line 3)</i>	▶ 4a.	.00
b. CD-425 and NC-478 Tax Credits <i>(Attach applicable forms)</i>	▶ 4b.	.00
5. Gross Premiums Tax Liability Line 3 minus Lines 4a and 4b, but not less than zero	▶ 5.	.00
6. Prior Year Credit Applied to 2018 <i>(From Schedule D, Line 1, Column 1)</i>	▶ 6.	.00
7. Gross Premiums Tax Installment Payments <i>(From Schedule D, Line 5, Column 1)</i>	▶ 7.	.00
8. Balance of Gross Premiums Tax Due Line 5 minus Lines 6 and 7, but not less than zero. If less than zero, enter amount on Line 11.	8.	.00
9. a. Penalties ▶ _____ .00      b. Interest ▶ _____ .00		
10. Total Gross Premiums Tax Due Add Lines 8, 9a and 9b	10. \$	.00
11. Overpayment	▶ 11.	.00

*(See [www.ncdor.gov](http://www.ncdor.gov) for current interest rate and penalty information)*

**Part 3. Computation of Gross Premiums Tax** *(continued)*

- 12. Amount of Line 11 to be Applied to 2019 Gross Premiums Tax ▶ 12. \_\_\_\_\_ .00
- 13. Gross Premiums Tax to be Refunded 13. \_\_\_\_\_ .00  
Line 11 minus Line 12

**Schedule C. Insurance Regulatory Charge**

- 1. Gross Premiums Tax Liability ▶ 1. \_\_\_\_\_ .00  
*(From Schedule B, Part 1, Total Tax Computed)*
- 2. Insurance Regulatory Charge 2. \_\_\_\_\_ .00  
Multiply Line 1 by 6.5%
- 3. Prior Year Credit Applied to 2018 ▶ 3. \_\_\_\_\_ .00  
*(From Schedule D, Line 1, Column 2)*
- 4. Insurance Regulatory Charge Installment Payments ▶ 4. \_\_\_\_\_ .00  
*(From Schedule D, Line 5, Column 2)*
- 5. Balance of Insurance Regulatory Charge Due 5. \_\_\_\_\_ .00  
Line 2 minus Lines 3 and 4, but not less than zero. If less than zero, enter amount on Line 8.
- 6. a. Penalties ▶ \_\_\_\_\_ .00      b. Interest ▶ \_\_\_\_\_ .00  
*(See [www.ncdor.gov](http://www.ncdor.gov) for current interest rate and penalty information)*
- 7. Total Insurance Regulatory Charge Due 7. \$ \_\_\_\_\_ .00  
Add Lines 5, 6a and 6b
- 8. Overpayment ▶ 8. \_\_\_\_\_ .00
- 9. Amount of Line 8 to be Applied to 2019 Insurance Regulatory Charge ▶ 9. \_\_\_\_\_ .00
- 10. Insurance Regulatory Charge to be Refunded 10. \_\_\_\_\_ .00  
Line 8 minus Line 9

**Schedule D. Installment Payments Made** *(Do not include any negative amounts or amounts from Line 1 on Lines 2-4)*

	(1) Gross Premiums Tax	(2) Insurance Regulatory Charge
1. Prior Year Credit Applied to 2018 <i>(Gross Premiums Tax - from prior IB-13, Sch. B, Part 3, Line 12) (Insurance Regulatory Charge - from prior IB-13, Sch. C, Line 9)</i>		
2. Installment Payment made April 15, 2018 <i>(Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)</i>		
3. Installment Payment made June 15, 2018 <i>(Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)</i>		
4. Installment Payment made October 15, 2018 <i>(Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)</i>		
5. Total Installment Payments Made in 2018 Add Lines 2 through 4		

**Schedule E. Guaranty Association Credit Available**

	Assessment Amount	Percentage	Amount of Credit
1. Assessment Year 2013		20%	
2. Assessment Year 2014		20%	
3. Assessment Year 2015		20%	
4. Assessment Year 2016		20%	
5. Assessment Year 2017		20%	
		<b>Total</b>	