



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-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 2018 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 2018 (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 2019 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 2018** ▶ 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 2019 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 2018** 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 (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 <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, 2018 <small>(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, 2018 <small>(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, 2018 <small>(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 2018 <small>Add Lines 2 through 4</small>		