

# 2006 Gross Premium Tax Return Self-Insured Workers' Compensation Group

North Carolina Department of Revenue

**I-B  
Insurance**

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

Mailing Address

City

State

Zip Code

Name and title of person responsible for the computation of this return

Phone Number (Include area code)

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT)

Federal Employer ID Number

## Part 1. Computation of Gross Premium Tax

- 1. Taxable premiums written in N.C. during calendar year 1. \_\_\_\_\_ .00
- 2. Gross premium tax 2. \_\_\_\_\_ .00  
Multiply Line 1 by 2.5% (.025)
- 3. Tax credits 3a. \_\_\_\_\_ .00
  - a. Guaranty Fund (not to exceed Line 2) 3b. \_\_\_\_\_ .00
  - b. NC-478
- 4. Gross premium tax due 4. \_\_\_\_\_ .00  
Line 2 minus Line 3a and 3b, but not less than zero
- 5. 2006 gross premium tax installments previously paid 5. \_\_\_\_\_ .00  
(Including any overpayment applied from 2005)
- 6. Balance of gross premium tax due 6. \_\_\_\_\_ .00  
Line 4 minus Line 5, but not less than zero. If less than zero, enter amount on Line 7
- 7. Overpayment 7. \_\_\_\_\_ .00
- 8. Amount of Line 7 applied to first installment of 2007 gross premium tax 8. \_\_\_\_\_ .00
- 9. Gross premium tax to be refunded 9. \_\_\_\_\_ .00  
Line 7 minus Line 8

## Part 2. Computation of Insurance Regulatory Charge

- 10. Insurance regulatory charge due 10. \_\_\_\_\_ .00  
Multiply Line 2 by 5.5% (.055)
- 11. 2006 Insurance regulatory charge installments previously paid 11. \_\_\_\_\_ .00  
(Including any overpayment applied from 2005)
- 12. Balance of insurance regulatory charge due 12. \_\_\_\_\_ .00  
Line 10 minus Line 11, but not less than zero. If less than zero, enter amount on Line 13
- 13. Overpayment 13. \_\_\_\_\_ .00
- 14. Amount of Line 13 applied to first installment of 2007 insurance regulatory charge 14. \_\_\_\_\_ .00
- 15. Insurance regulatory charge to be refunded 15. \_\_\_\_\_ .00  
Line 13 minus Line 14

## Part 3. Amount Due

- 16. Total due 16. \$ \_\_\_\_\_ .00  
Add Lines 6 and 12 (An overpayment in one Part cannot be used to offset amount due in the other Part)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Make check or money order in U.S. currency payable to N.C. Department of Revenue. This return is due by March 15th.  
MAIL TO: N.C. Department of Revenue, Insurance Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300**