

**2008 Gross Premium Tax Return
Hospital or Dental Service Corporation**

North Carolina Department of Revenue

**I-B
Insurance**

Legal Name

Mailing Address

City

State

Zip Code

Name of Contact Person

Phone Number

Federal Employer ID Number

Fill in circle if applicable:

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

Part 1. Computation of Gross Premium 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.	<input type="text"/>
2. Gross Premium Tax Multiply Line 1 by 1.9% (.019)	2.	<input type="text"/>
3. Tax Credits		
a. Guaranty Fund <i>(Credit cannot exceed tax amount on Line 2. Attach 2008 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)</i>	3a.	<input type="text"/>
b. NC-478 <i>(Attach Form NC-478 and applicable NC-478 series schedules in support of tax credits claimed.)</i>	3b.	<input type="text"/>
4. Gross Premium Tax Due Line 2 minus Line 3a and 3b, but not less than zero	4.	<input type="text"/>
5. 2008 Gross Premium Tax Installments Previously Paid <i>(Including any overpayment applied from 2007)</i>	5.	<input type="text"/>
6. Balance of Gross Premium Tax Due Line 4 minus Line 5, but not less than zero. If less than zero, enter amount on Line 7.	6.	\$ <input type="text"/>
7. Overpayment	7.	<input type="text"/>
8. Amount of Line 7 to be Applied to 2009 Gross Premium Tax	8.	<input type="text"/>
9. Gross Premium Tax to be Refunded Line 7 minus Line 8	9.	<input type="text"/>

Part 2. Computation of Insurance Regulatory Charge

10. Insurance Regulatory Charge Due Multiply Line 2 by 5.5% (.055)	10.	<input type="text"/>
11. 2008 Insurance Regulatory Charge Installments Previously Paid <i>(Including any overpayment applied from 2007)</i>	11.	<input type="text"/>
12. Balance of Insurance Regulatory Charge Due Line 10 minus Line 11, but not less than zero. If less than zero, enter amount on Line 13.	12.	\$ <input type="text"/>
13. Overpayment	13.	<input type="text"/>
14. Amount of Line 13 to be Applied to 2009 Insurance Regulatory Charge	14.	<input type="text"/>
15. Insurance Regulatory Charge to be Refunded Line 13 minus Line 14	15.	<input type="text"/>

Part 3. Amount Due

16. Total Due Add Lines 6 and 12 <i>(An overpayment in one Part cannot be used to offset amount due in the other Part)</i>	16.	\$ <input type="text"/>
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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 Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300