

Gross Premium Tax Return Hospital or Dental Service Corporation

North Carolina Department of Revenue

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
____-____

NCDOR 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 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.	_____	.00
2. Gross Premium Tax Multiply Line 1 by 1.9% (.019)	2.	_____	.00
3. Tax Credits			
a. Guaranty Fund (Credit cannot exceed tax amount on Line 2. Attach 2009 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)	3a.	_____	.00
b. NC-478 (Attach Form NC-478 and applicable NC-478 series schedules in support of tax credits claimed.)	3b.	_____	.00
4. Gross Premium Tax Due Line 2 minus Line 3a and 3b, but not less than zero	4.	_____	.00
5. 2009 Gross Premium Tax Installments Previously Paid (Including any overpayment applied from 2008)	5.	_____	.00
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. \$	_____	.00
7. Overpayment	7.	_____	.00
8. Amount of Line 7 to be Applied to 2010 Gross Premium Tax	8.	_____	.00
9. Gross Premium Tax to be Refunded Line 7 minus Line 8	9.	_____	.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 Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300

Part 2. Computation of Insurance Regulatory Charge

- 10. **Insurance Regulatory Charge Due**
Multiply Line 2 by 5.5% (.055) 10. _____ .00
 - 11. **2009 Insurance Regulatory Charge Installments Previously Paid**
(Including any overpayment applied from 2008) 11. _____ .00
 - 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. \$ _____ .00
 - 13. **Overpayment** 13. _____ .00
 - 14. **Amount of Line 13 to be Applied to 2010 Insurance Regulatory Charge** 14. _____ .00
 - 15. **Insurance Regulatory Charge to be Refunded**
Line 13 minus Line 14 15. _____ .00
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Part 3. Amount Due

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