

Gross Premium Tax Return Risk Purchasing Group

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

Fill in circle if applicable:
 Payment has been made through electronic funds transfer (EFT)
 Amended Return

NAIC Number

Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year ____ - ____ - ____

Computation of Gross Premium Tax

1. N.C. Gross Premiums on Insurance Purchased During Calendar Year from Surplus Agents or Brokers	1.	_____	.00
2. Gross Premium Tax Multiply Line 1 by 5.0% (.05)	2.	_____	.00
3. N.C. Gross Premiums on Insurance Purchased During Calendar Year from Licensed Insurance Companies	3.	_____	.00
4. Gross Premium Tax Multiply Line 3 by 1.9% (.019)	4.	_____	.00
5. Gross Premium Tax Due for the Risk Purchasing Group Add Line 2 and Line 4	5.	_____	.00
6. Tax Credit (Attach Form NC-478)	6.	_____	.00
7. Gross Premium Tax Due Line 5 minus Line 6	7.	_____	.00
8. Installments Paid by: (Fill in applicable circle) <input type="radio"/> Surplus lines agents or brokers <input type="radio"/> Licensed insurance companies <input type="radio"/> Risk purchasing group	8.	_____	.00
9. Balance of Gross Premium Tax Due Line 7 minus Line 8, but not less than zero. If less than zero, enter amount on Line 10.	9. \$	_____	.00
10. Overpayment	10.	_____	.00
11. Amount of Line 10 to be Applied to 2010 Gross Premium Tax	11.	_____	.00
12. Gross Premium Tax to be Refunded Line 10 minus Line 11	12.	_____	.00

If tax due is not paid by the risk purchasing group you **must** attach a schedule showing the name of each insurer and each type of insurer from which insurance has been purchased. A statement from each insurer listed certifying that the tax due as calculated on this return is being reported and paid by the insurer **must** also be attached.

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.