

IB-54

Web
1-12

Installment Payment for:

Fill in applicable circle:

- Self-Insured Workers' Compensation Group
- Health Maintenance Organization
- Hospital or Dental Service Corporation

North Carolina Department of Revenue

Installment Due Date (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)

Part 1. Computation of Gross Premium Tax Installment (If prior total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required.)

- | | | | |
|---|---|-------|-----------|
| <p>1. Total Gross Premium Tax Liability
(From prior Form IB-53, Part 1, Line 4)</p> <p>2. Gross Premium Tax Installment Due
Multiply Line 1 by 33 1/3% (.3333)</p> <p>3. Overpayment of Gross Premium Tax to be Applied as Credit
(From prior Form IB-53 or prior installment form)</p> <p>4. Net Gross Premium Tax Installment Due
(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)</p> <p>5. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00</p> <p>6. Total Gross Premium Tax Installment Due
(Add Lines 4, 5a and 5b)</p> | ▶ | 1. | _____ .00 |
| | | 2. | _____ .00 |
| | | 3. | _____ .00 |
| | | 4. | _____ .00 |
| (See www.dornc.com for current interest rate and penalty information) | | | |
| | | 6. \$ | _____ .00 |

Part 2. Computation of Insurance Regulatory Charge Installment

- | | | | |
|--|---|--------|-----------|
| <p>7. Total Insurance Regulatory Charge Liability
(From prior Form IB-53, Part 2, Line 14)</p> <p>8. Insurance Regulatory Charge Installment Due
Multiply Line 7 by 33 1/3% (.3333)</p> <p>9. Overpayment of Insurance Regulatory Charge to be Applied as Credit
(From prior Form IB-53 or prior installment form)</p> <p>10. Net Insurance Regulatory Charge Installment Due
(Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.)</p> <p>11. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00</p> <p>12. Total Insurance Regulatory Charge Installment Due
(Add Lines 10, 11a and 11b)</p> | ▶ | 7. | _____ .00 |
| | | 8. | _____ .00 |
| | | 9. | _____ .00 |
| | | 10. | _____ .00 |
| (See www.dornc.com for current interest rate and penalty information) | | | |
| | | 12. \$ | _____ .00 |

Part 3. Amount of Installment Due

- | | | | |
|--|---|--------|-----------|
| <p>13. Total Installment Due
(Add Lines 6 and 12. If amount on either of these lines is less than zero, do not include in total due.)</p> | ▶ | 13. \$ | _____ .00 |
|--|---|--------|-----------|

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Installments are due April 15th, June 15th and October 15th of each taxable 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