Installment Payment Property and Casualty Companies

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)		
 Mailir	ng Address		Federal Employer ID Number
City	State Zip Code		
Name	of Contact Person Phone Number State of Domicile		NAIC Number
0	Fill in circle if applicable: Payment has been made through electronic funds transfer (EFT)		
Par	t 1. Computation of Gross Premium Tax Installment (If prior total gross premium complete this form; installment payments are not required.)	tax liabi	lity was less than \$10,000, do not
1.	Total Gross Premium Tax Liability (From prior Form IB-33, Schedule B, Part 3, Line 5)	1.	
2.	Gross Premium Tax Installment Due Multiply Line 1 by 33 1/3% (.3333)	2.	
3.	Overpayment of Gross Premium Tax to be Applied as Credit (From prior Form IB-33 or prior installment form)	3.	
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.)	4.	
5.	a. Penalties b		(See <u>www.dornc.com</u> for current interest rate and penalty information)
6.	Total Gross Premium Tax Installment Due (Add Lines 4, 5a and 5b)	6. \$	
Par	t 2. Computation of Insurance Regulatory Charge Installment		
7.	Total Insurance Regulatory Charge Liability (From prior Form IB-33, Schedule C, Line 4)	7.	
8.	Insurance Regulatory Charge Installment Due Multiply Line 7 by 33 1/3% (.3333)	8.	
9.	Overpayment of Insurance Regulatory Charge to be Applied as Credit (From prior Form IB-33 or prior installment form)	9.	
10.	Net Insurance Regulatory Charge Due (Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.)	10.	
11.	a. Penalties > . 00 b. Interest > . 00		(See <u>www.dornc.com</u> for current interest rate and penalty information)
12.	Total Insurance Regulatory Charge Installment Due (Add Lines 10, 11a and 11b)	12. \$	

continued on Page 2

__ Date: __

Signature: Title: ______ Title: ______

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

Par	t 3. Computation of Additional Property Coverage Tax Ins	tallment	
13.	Additional Tax on Property Coverage Contracts (From prior Form IB-33, Schedule F, Line 14)	▶ 13.	
14.	Additional Property Coverage Tax Installment Due Multiply Line 13 by 33 1/3% (.3333)	14.	
15.	Overpayment of Tax on Property Coverage Contracts to be Applied as Credit (From prior Form IB-33 or prior installment form)	► 15.	
16.	Net Additional Property Coverage Tax Due (Line 14 minus Line 15. If less than zero, any remaining overpayment should be applied to subsequent installments.)	► 16.	
17.	a. Penalties b a.00 b. Interest b		(See <u>www.dornc.com</u> for current interest rate and penalty information)
18.	Total Additional Property Coverage Tax Installment Due (Add Lines 16, 17a and 17b)	18. \$	
Par	t 4. Amount of Installment Due		
19.	Total Installment Due (Add Lines 6, 12, and 18. If amount on either of these lines is less than zero, do not include in total due.)	19. \$	