

Gross Premium Tax Return Self-Insured Workers' Compensation 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

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT)

Amended Return

If Company Ceased to be Self-Insured in North Carolina During the Year Enter Effective Date _____

Part 1. Computation of Gross Premium Tax	
1. Adjusted Taxable Premiums (From Part 5)	1. _____ .00
2. Gross Premium Tax Multiply Line 1 by 2.5%	2. _____ .00
3. Tax Credits	
a. Guaranty Fund (Credit cannot exceed tax amount on Line 2. Attach 2016 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)	▶ 3a. _____ .00
b. CD-425 and NC-478 Tax Credits (Attach applicable forms)	▶ 3b. _____ .00
4. Gross Premium Tax Liability Line 2 minus Line 3a and 3b, but not less than zero	▶ 4. _____ .00
5. Prior Year Credit Applied to 2016 (From Part 4, Line 1, Column 1)	▶ 5. _____ .00
6. Gross Premium Tax Installment Payments (From Part 4, Line 5, Column 1)	▶ 6. _____ .00
7. Balance of Gross Premium Tax Due Line 4 minus Lines 5 and 6, but not less than zero. If less than zero, enter amount on Line 10.	7. _____ .00
8. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00	(See www.dornrc.com for current interest rate and penalty information)
9. Total Gross Premium Tax Due Add Lines 7, 8a and 8b	9. \$ _____ .00
10. Overpayment	▶ 10. _____ .00
11. Amount of Line 10 to be Applied to 2017 Gross Premium Tax	▶ 11. _____ .00
12. Gross Premium Tax to be Refunded Line 10 minus Line 11	12. _____ .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.

Part 2. Computation of Insurance Regulatory Charge

13. Gross Premium Tax Liability <i>(From Part 1, Line 2)</i>	▶ 13.	<input type="text"/>	.00
14. Insurance Regulatory Charge Multiply Line 13 by 6.5%	14.	<input type="text"/>	.00
15. Prior Year Credit Applied to 2016 <i>(From Part 4, Line 1, Column 2)</i>	▶ 15.	<input type="text"/>	.00
16. Insurance Regulatory Charge Installment Payments <i>(From Part 4, Line 5, Column 2)</i>	▶ 16.	<input type="text"/>	.00
17. Balance of Insurance Regulatory Charge Due Line 14 minus Lines 15 and 16, but not less than zero. If less than zero, enter amount on Line 20.	17.	<input type="text"/>	.00
18. a. Penalties ▶ <input type="text"/> .00 b. Interest ▶ <input type="text"/> .00			
19. Total Insurance Regulatory Charge Due Add Lines 17, 18a and 18b	19. \$	<input type="text"/>	.00
20. Overpayment	▶ 20.	<input type="text"/>	.00
21. Amount of Line 20 to be Applied to 2017 Insurance Regulatory Charge	▶ 21.	<input type="text"/>	.00
22. Insurance Regulatory Charge to be Refunded Line 20 minus Line 21.	22.	<input type="text"/>	.00

(See www.dornc.com for current interest rate and penalty information)

Part 3. Amount Due

23. Total Payment Due for 2016 Add Line 9 and Line 19 <i>(An overpayment in one part cannot be used to offset amount due in the other part.)</i>	23. \$	<input type="text"/>	.00
------------------------------------------------------------------------------------------------------------------------------------------------------------	--------	----------------------	-----

Part 4. Installment Payments Made *(Should not include any negative amounts)*

	(1) Gross Premium Tax	(2) Insurance Regulatory Charge
1. Prior Year Credit Applied to 2016 <i>(Gross Premium Tax - from prior IB-43, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-43, Part 2, Line 21)</i>	<input type="text"/>	<input type="text"/>
2. Installment Payment made April 15, 2016 <i>(Do not include amount on Line 1) (Gross Premium Tax - from IB-44, Part 1, Line 4) (Insurance Regulatory Charge - from IB-44, Part 2, Line 10)</i>	<input type="text"/>	<input type="text"/>
3. Installment Payment made June 15, 2016 <i>(Do not include amount on Line 1) (Gross Premium Tax - from IB-44, Part 1, Line 4) (Insurance Regulatory Charge - from IB-44, Part 2, Line 10)</i>	<input type="text"/>	<input type="text"/>
4. Installment Payment made October 15, 2016 <i>(Do not include amount on Line 1) (Gross Premium Tax - from IB-44, Part 1, Line 4) (Insurance Regulatory Charge - from IB-44, Part 2, Line 10)</i>	<input type="text"/>	<input type="text"/>
5. Total Installment Payments Made in 2016 Add Lines 2 through 4	<input type="text"/>	<input type="text"/>

Legal Name _____

FEIN _____

Part 5. Adjusted Taxable Premiums Calculation (see instructions for this form at <http://www.dornc.com/downloads/insurance.html>)

Job Class Description	Job Class	Taxable Percentage (00.00000%)	Payroll Amount	Taxable Premiums
Total Taxable Premiums				
Approved Experience Modification Factor				
Total Adjusted Taxable Premiums \$				