

**Installment Payment Self-Insured Workers'  
Compensation 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 \_\_\_\_\_

**Federal Employer ID Number**  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ State of Domicile \_\_\_\_\_

**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.)

<b>1. Total Gross Premium Tax Liability</b> (From prior Form IB-43, Line 4)	▶	1.	_____	.00
<b>2. Gross Premium Tax Installment Due</b> Multiply Line 1 by 33 1/3% (.3333)		2.	_____	.00
<b>3. Overpayment of Gross Premium Tax to be Applied as Credit</b> (From prior Form IB-43 or prior installment form)	▶	3.	_____	.00
<b>4. Net Gross Premium Tax Installment Due</b> (Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)	▶	4.	_____	.00
<b>5. a. Penalties</b> ▶ _____ .00 <b>b. Interest</b> ▶ _____ .00				
<b>6. Total Gross Premium Tax Installment Due</b> (Add Lines 4, 5a and 5b)		6.	\$ _____	.00

*(See [www.dornrc.com](http://www.dornrc.com) for current interest rate and penalty information)*

**Part 2. Computation of Insurance Regulatory Charge Installment**

<b>7. Total Insurance Regulatory Charge Liability</b> (From prior Form IB-43, Line 14)	▶	7.	_____	.00
<b>8. Insurance Regulatory Charge Installment Due</b> Multiply Line 7 by 33 1/3% (.3333)		8.	_____	.00
<b>9. Overpayment of Insurance Regulatory Charge to be Applied as Credit</b> (From prior Form IB-43 or prior installment form)	▶	9.	_____	.00
<b>10. Net Insurance Regulatory Charge Installment Due</b> (Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.)	▶	10.	_____	.00
<b>11. a. Penalties</b> ▶ _____ .00 <b>b. Interest</b> ▶ _____ .00				
<b>12. Total Insurance Regulatory Charge Installment Due</b> (Add Lines 10, 11a and 11b)		12.	\$ _____	.00

*(See [www.dornrc.com](http://www.dornrc.com) for current interest rate and penalty information)*

**Part 3. Amount of Installment Due**

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