IB-14
Web
1-09

Installment Payment - April 15, 2009
Life, Accident and Health Companies
North Carolina Department of Revenue

I-B
Insurance

Legal Name

Mailing Address

City **State** **Zip Code**

Name of Contact Person **Phone Number** **State of Domicile**
(   )

Federal Employer 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 2008 total gross premium tax liability was less than $10,000, do not complete this form; installment payments are not required.*)

1. **2008 Total Gross Premium Tax Liability**
   (*From Form IB-13, Schedule B, Part 3, Line 5*)
   1.

2. **Gross Premium Tax Installment Due**
   Multiply Line 1 by 33 1/3% (.3333)
   2.

3. **2008 Overpayment of Gross Premium Tax to be Applied as Credit**
   (*From Form IB-13, Schedule B, Part 3, Line 10*)
   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. $

Part 2. Computation of Insurance Regulatory Charge Installment

5. **2008 Total Insurance Regulatory Charge Liability**
   (*From Form IB-13, Schedule C, Line 2*)
   5.

6. **Insurance Regulatory Charge Installment Due**
   Multiply Line 5 by 33 1/3% (.3333)
   6.

7. **2008 Overpayment of Insurance Regulatory Charge to be Applied as Credit**
   (*From Form IB-13, Schedule C, Line 7*)
   7.

8. **Net Insurance Regulatory Charge Due**
   (*Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to subsequent installments.*)
   8. $

Part 3. Amount of Installment Due

9. **Total April 15, 2009 Installment Due**
   (*Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.*)
   9. $

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

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