

Installment Payment - October 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**
(If amount on Form IB-15, Part 1, Line 4 is less than zero, enter the amount here; otherwise enter zero.) 3.
- 4. **Net Gross Premium Tax Installment Due**
Line 2 minus Line 3 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**
(If amount on Form IB-15, Part 2, Line 8 is less than zero, enter the amount here; otherwise enter zero.) 7.
- 8. **Net Insurance Regulatory Charge Due**
Line 6 minus Line 7 8. \$

Part 3. Amount of Installment Due

- 9. **Total October 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.