

Installment Payment - October 15, 2008
Property and Casualty Companies
 North Carolina Department of Revenue



Legal Name

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)

Part 1. Computation of Gross Premium Tax Installment *(If 2007 total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required.)*

1. 2007 Total Gross Premium Tax Liability <i>(From Form IB-33, Schedule B, Part 3, Line 7)</i>	1.	<input type="text"/>
2. Gross Premium Tax Installment Due Multiply Line 1 by 33 1/3% (.3333)	2.	<input type="text"/>
3. 2007 Overpayment of Gross Premium Tax to be Applied as Credit <i>(If amount on Form IB-35 Part 1, Line 4 is less than zero, enter the amount here; otherwise enter zero.)</i>	3.	<input type="text"/>
4. Net Gross Premium Tax Installment Due Line 2 minus Line 3	4.	\$ <input type="text"/>

Part 2. Computation of Additional Property Coverage Tax Installment

5. 2007 Additional Statewide Fire and Lightning Tax <i>(From Form IB-33, Schedule F, Line 7)</i>	5.	<input type="text"/>
6. Additional Property Coverage Tax Installment Due Multiply Line 5 by 33 1/3% (.3333)	6.	<input type="text"/>
7. 2007 Overpayment of Statewide Fire and Lightning Tax to be Applied as Credit <i>(If amount on Form IB-35, Part 2, Line 8 is less than zero, enter the amount here; otherwise enter zero.)</i>	7.	<input type="text"/>
8. Net Additional Property Coverage Tax Due Line 6 minus Line 7	8.	\$ <input type="text"/>

Part 3. Computation of Insurance Regulatory Charge Installment

9. 2007 Total Insurance Regulatory Charge Liability <i>(From Form IB-33, Schedule C, Line 4)</i>	9.	<input type="text"/>
10. Insurance Regulatory Charge Installment Due Multiply Line 9 by 33 1/3% (.3333)	10.	<input type="text"/>
11. 2007 Overpayment of Insurance Regulatory Charge to be Applied as Credit <i>(If amount on Form IB-35, Part 3, Line 12 is less than zero, enter the amount here; otherwise enter zero.)</i>	11.	<input type="text"/>
12. Net Insurance Regulatory Charge Due Line 10 minus Line 11	12.	\$ <input type="text"/>

Part 4. Amount of Installment Due

13. Total October 15, 2008 Installment Due <i>(Add Lines 4, 8, and 12. If amount on either of these lines is less than zero, do not include in total due.)</i>	13.	\$ <input type="text"/>
--	-----	-------------------------

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