

Installment Payment - October 15, 2009

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 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-33, 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-35 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-33, Schedule C, Line 4) 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-35, 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. Computation of Additional Property Coverage Tax Installment

- 9. **2008 Additional Tax on Property Coverage Contracts**
(From Form IB-33, Schedule F, Line 14) 9.
- 10. **Additional Property Coverage Tax Installment Due**
Multiply Line 9 by 33 1/3% (.3333) 10.
- 11. **2008 Overpayment of Tax on Property Coverage Contracts to be Applied as Credit**
(If amount on Form IB-35, Part 3, Line 12 is less than zero, enter the amount here; otherwise enter zero.) 11.
- 12. **Net Additional Tax Due on Property Coverage Contacts**
Line 10 minus Line 11 12. \$

Part 4. Amount of Installment Due

- 13. **Total October 15, 2009 Installment Due**
(Add Lines 4, 8, and 12. If amount on either of these lines is less than zero, do not include in total due.) 13. \$

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