

IB-54

Web  
1-08

# Installment Payment - April 15, 2008 Self-Insured Workers' Compensation Group

North Carolina Department of Revenue

**I-B  
Insurance**

Legal Name

Mailing Address

City

State

Zip Code

Name of Contact Person

Phone Number

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. <b>2007 Total Gross Premium Tax Liability</b><br>(From Form IB-53, Part 1, Line 4)  | 1. | <input type="text"/>            |
| 2. <b>Gross Premium Tax Installment Due</b><br>Multiply Line 1 by 33 1/3% (.3333)  | 2. | <input type="text"/>            |
| 3. <b>2007 Overpayment of Gross Premium Tax to be Applied as Credit</b><br>(From Form IB-53, Part 1, Line 8)   | 3. | <input type="text"/>            |
| 4. <b>Net Gross Premium Tax Installment Due</b><br>(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.) | 4. | <input type="text" value="\$"/> |

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

- |  |    |                                 |
|--|----|---------------------------------|
| 5. <b>2007 Total Insurance Regulatory Charge Liability</b><br>(From Form IB-53, Part 2, Line 10)   | 5. | <input type="text"/>            |
| 6. <b>Insurance Regulatory Charge Installment Due</b><br>Multiply Line 5 by 33 1/3% (.3333)  | 6. | <input type="text"/>            |
| 7. <b>2007 Overpayment of Insurance Regulatory Charge to be Applied as Credit</b><br>(From Form IB-53, Part 2, Line 14)  | 7. | <input type="text"/>            |
| 8. <b>Net Insurance Regulatory Charge Installment Due</b><br>(Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to subsequent installments.) | 8. | <input type="text" value="\$"/> |

**Part 3. Amount of Installment Due**

- |   |    |                                 |
|---|----|---------------------------------|
| 9. <b>Total April 15, 2008 Installment Due</b><br>(Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.) | 9. | <input type="text" value="\$"/> |
|---|----|---------------------------------|

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