

# Installment Payment - October 15, 2007 Self-Insured Workers' Compensation Group

North Carolina Department of Revenue

**I-B  
Insurance**

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City

State

Zip Code

Name and title of person responsible for the computation and filing of this return

Phone Number (Include area code)

Fill in circle if applicable:

- Payment has been made through electronic funds transfer (EFT)

**SIWC - Group**

Federal Employer ID Number

## Part 1. Computation of Gross Premium Tax Installment

**1. 2006 Total gross premium tax liability**

(From Form IB-53, Part 1, Line 4)

If 2006 total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required

1. \_\_\_\_\_ .00

**2. Gross premium tax installment due**

Multiply Line 1 by 33 1/3% (.3333)

2. \_\_\_\_\_ .00

## Part 2. Computation of Insurance Regulatory Charge Installment

**3. 2006 Total insurance regulatory charge liability**

(From Form IB-53, Part 2, Line 10)

3. \_\_\_\_\_ .00

**4. Insurance regulatory charge installment due**

Multiply Line 3 by 33 1/3% (.3333)

4. \_\_\_\_\_ .00

## Part 3. Amount of Installment Due

**5. Total October 15, 2007 installment due**

Line 2 plus Line 4

5. \$ \_\_\_\_\_ .00

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

Make check or money order in U.S. currency payable to North Carolina Department of Revenue.

MAIL TO: North Carolina Department of Revenue, Insurance Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300