

IB-66

Web
1-08

Installment Payment - October 15, 2008 Health Maintenance Organization

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. 2007 Total Gross Premium Tax Liability
(From Form IB-63, Part 1, Line 4) | 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
(If amount on Form IB-65, Part 1, Line 4 is less than zero, enter the amount here; otherwise enter zero.) | 3. | <input type="text"/> |
| 4. Net Gross Premium Tax Installment Due
Line 2 minus Line 3 | 4. | \$ <input type="text"/> |

Part 2. Computation of Insurance Regulatory Charge Installment

- | | | |
|--|----|-------------------------|
| 5. 2007 Total Insurance Regulatory Charge Liability
(From Form IB-63, Part 2, Line 10) | 5. | <input type="text"/> |
| 6. Insurance Regulatory Charge Installment Due
Multiply Line 5 by 33 1/3% (.3333) | 6. | <input type="text"/> |
| 7. 2007 Overpayment of Insurance Regulatory Charge to be Applied as Credit
(If amount on Form IB-65, Part 2, Line 8 is less than zero, enter the amount here; otherwise enter zero.) | 7. | <input type="text"/> |
| 8. Net Insurance Regulatory Charge Installment Due
Line 6 minus Line 7 | 8. | \$ <input type="text"/> |

Part 3. Amount of Installment Due

- | | | |
|---|----|-------------------------|
| 9. Total October 15, 2008 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. | \$ <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