

IB-66

Web  
1-09

# Installment Payment - October 15, 2009 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 2008 total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required.)*

- |   |    |                         |
|---|----|-------------------------|
| 1. <b>2008 Total Gross Premium Tax Liability</b><br><i>(From Form IB-63, Part 1, Line 4)</i>  | 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>2008 Overpayment of Gross Premium Tax to be Applied as Credit</b><br><i>(If amount on Form IB-65, Part 1, Line 4 is less than zero, enter the amount here; otherwise enter zero.)</i> | 3. | <input type="text"/>    |
| 4. <b>Net Gross Premium Tax Installment Due</b><br>Line 2 minus Line 3  | 4. | \$ <input type="text"/> |

## Part 2. Computation of Insurance Regulatory Charge Installment

- |   |    |                         |
|---|----|-------------------------|
| 5. <b>2008 Total Insurance Regulatory Charge Liability</b><br><i>(From Form IB-63, Part 2, Line 10)</i>   | 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>2008 Overpayment of Insurance Regulatory Charge to be Applied as Credit</b><br><i>(If amount on Form IB-65, Part 2, Line 8 is less than zero, enter the amount here; otherwise enter zero.)</i> | 7. | <input type="text"/>    |
| 8. <b>Net Insurance Regulatory Charge Installment Due</b><br>Line 6 minus Line 7  | 8. | \$ <input type="text"/> |

## Part 3. Amount of Installment Due

- |  |    |                         |
|--|----|-------------------------|
| 9. <b>Total October 15, 2009 Installment Due</b><br><i>(Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.)</i> | 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