

IB-74

Web
1-08

**Installment Payment - April 15, 2008
Hospital or Dental Service Corporation**

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
<i>(From Form IB-73, Part 1, Line 4)</i> | 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
<i>(From Form IB-73, Part 1, Line 8)</i> | 3. | <input type="text"/> |
| 4. Net Gross Premium Tax Installment Due
<i>(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)</i> | 4. | <input type="text" value="\$"/> |

Part 2. Computation of Insurance Regulatory Charge Installment

- | | | |
|---|----|---------------------------------|
| 5. 2007 Total Insurance Regulatory Charge Liability
<i>(From Form IB-73, Part 2, Line 10)</i> | 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
<i>(From Form IB-73, Part 2, Line 14)</i> | 7. | <input type="text"/> |
| 8. Net Insurance Regulatory Charge Due
<i>(Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to subsequent installments.)</i> | 8. | <input type="text" value="\$"/> |

Part 3. Amount of Installment Due

- | | | |
|--|----|---------------------------------|
| 9. Total April 15, 2008 Installment Due
<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" 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