

Installment Payment - April 16, 2007
Hospital or Dental Service Corporation
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)

HS / DS

Federal Employer ID Number

Part 1. Computation of Gross Premium Tax Installment

1. 2006 Total gross premium tax liability

(From Form IB-73, 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

3. Portion of 2006 overpayment of gross premium tax applied as credit

(From Form IB-73, Part 1, Line 8)

3. _____ .00

4. Net gross premium tax installment due

Line 2 minus Line 3

4. _____ .00

Part 2. Computation of Insurance Regulatory Charge Tax Installment

5. 2006 Total insurance regulatory charge liability

(From Form IB-73, Part 2, Line 10)

5. _____ .00

6. Insurance regulatory charge installment due

Multiply Line 5 by 33 1/3% (.3333)

6. _____ .00

7. Portion of 2006 overpayment of insurance regulatory charge applied as credit

(From Form IB-73, Part 2, Line 14)

7. _____ .00

8. Net insurance regulatory charge installment due

Line 6 minus Line 7

8. _____ .00

Part 3. Amount of Installment Due

9. Total April 16, 2007 installment due

Line 4 plus Line 8

9. \$ _____ .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 the N.C. Department of Revenue.

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