IB-75
Web
1-08

Installment Payment - June 16, 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**
   (From Form IB-73, Part 1, Line 4)

   1.

2. **Gross Premium Tax Installment Due**
   Multiply Line 1 by 33 1/3% (.3333)

   2.

3. **2007 Overpayment of Gross Premium Tax to be Applied as Credit**
   (If amount on Form IB-74, Part 1, Line 4 is less than zero, enter the amount here; otherwise enter zero.)

   3.

4. **Net Gross Premium Tax Installment Due**
   (**Line 2 minus Line 3. *If less than zero, any remaining overpayment should be applied to the third installment.)*

   4. $

Part 2. Computation of Insurance Regulatory Charge Installment

5. **2007 Total Insurance Regulatory Charge Liability**
   (From Form IB-73, Part 2, Line 10)

   5.

6. **Insurance Regulatory Charge Installment Due**
   Multiply Line 5 by 33 1/3% (.3333)

   6.

7. **2007 Overpayment of Insurance Regulatory Charge to be Applied as Credit**
   (If amount on Form IB-74, Part 2, Line 8 is less than zero, enter the amount here; otherwise enter zero.)

   7.

8. **Net Insurance Regulatory Charge Due**
   (Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to the third installment.)

   8. $

Part 3. Amount of Installment Due

9. **Total June 16, 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. $

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