

Installment Payment - October 15, 2007
Hospital or Dental Service Corporation
North Carolina Department of Revenue

I-B
Insurance

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

[Empty text box for Legal Name]

Mailing Address

[Empty text box for Mailing Address]

City

State

Zip Code

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip Code]

Name and title of person responsible for the computation and filing of this return

Phone Number (Include area code)

[Empty text box for Name and title]

[Empty text box for Phone Number]

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT)

HS / DS

Federal Employer ID Number

[Empty text box for 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

Part 2. Computation of Insurance Regulatory Charge Installment

3. 2006 Total insurance regulatory charge liability

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

3. _____ .00

4. Insurance regulatory charge installment due

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

4. _____ .00

Part 3. Computation of Insurance Regulatory Charge Installment

5. Total October 15, 2007 installment due

Line 2 plus Line 4

5. \$ _____ .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