



# Instructions for Handwritten Forms

## Guidelines



Do not use red ink  
Use blue or black ink



Do not use dollar signs, commas, or other punctuation marks



## Printing



Before printing select "actual size"



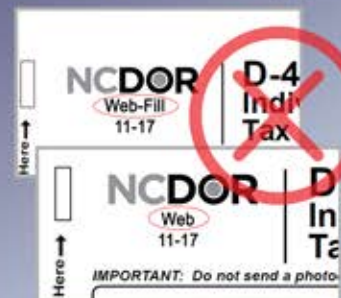
Do not print on both sides of the paper



## Before Mailing



Do not mix form types



Do not submit photocopies of returns

Submit originals only



Installment Due Date (MM-DD-YY) \_\_\_\_\_

DOR Use Only  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address \_\_\_\_\_

Federal Employer ID Number  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ State of Domicile \_\_\_\_\_

NAIC Number  
\_\_\_\_\_

Fill in circle if applicable: Payment has been made through electronic funds transfer (EFT)

**Part 1. Computation of Gross Premiums Tax Installment** (If prior total gross premiums tax liability was less than \$10,000, do not complete this form; installment payments are not required.)

1. Total Gross Premiums Tax Liability (From prior Form IB-43, Line 4)	▶	1.	_____	.00
2. Gross Premiums Tax Installment Due Multiply Line 1 by 33 1/3% (.3333)		2.	_____	.00
3. Overpayment of Gross Premiums Tax to be Applied as Credit (From prior Form IB-43 or prior installment form)	▶	3.	_____	.00
4. Net Gross Premiums Tax Installment Due (Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)	▶	4.	_____	.00
5. a. Penalties ▶ _____ .00				
b. Interest ▶ _____ .00				
6. Total Gross Premiums Tax Installment Due (Add Lines 4, 5a and 5b)		6.	\$ _____	.00

(See [www.ncdor.gov](http://www.ncdor.gov) for current interest rate and penalty information)

**Part 2. Computation of Insurance Regulatory Charge Installment**

7. Total Insurance Regulatory Charge Liability (From prior Form IB-43, Line 14)	▶	7.	_____	.00
8. Insurance Regulatory Charge Installment Due Multiply Line 7 by 33 1/3% (.3333)		8.	_____	.00
9. Overpayment of Insurance Regulatory Charge to be Applied as Credit (From prior Form IB-43 or prior installment form)	▶	9.	_____	.00
10. Net Insurance Regulatory Charge Installment Due (Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.)	▶	10.	_____	.00
11. a. Penalties ▶ _____ .00				
b. Interest ▶ _____ .00				
12. Total Insurance Regulatory Charge Installment Due (Add Lines 10, 11a and 11b)		12.	\$ _____	.00

(See [www.ncdor.gov](http://www.ncdor.gov) for current interest rate and penalty information)

**Part 3. Amount of Installment Due**

13. Total Installment Due (Add Lines 6 and 12. If amount on either of these lines is less than zero, do not include in total due.)		13.	\$ _____	.00
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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.