



Instructions For Handwritten Forms

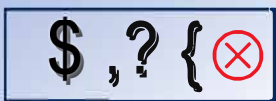
Guidelines



Do not use red ink. Use blue or black ink.



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



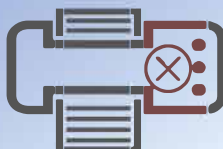
Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



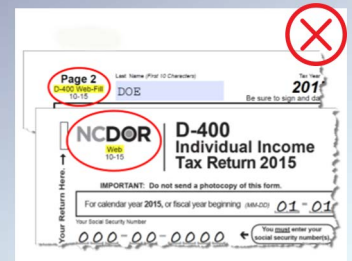
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



IB-54 Installment Payment for:

Fill in applicable circle: Self-Insured Workers' Compensation Group Health Maintenance Organization Hospital or Dental Service Corporation Prepaid Health Plan

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-53, Schedule B, Part 2, Line 3) | ▶ | 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-53 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 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-53, Schedule C, Line 13) | ▶ | 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-53 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 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 |
|---------------------------------------------------------------------------------------------------------------------------------------|--|-----|----------|-----|

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Installments are due April 15th, June 15th and October 15th of each taxable year.
Your check or money order must be in the form of U.S. currency from a domestic bank.
N.C. Department of Revenue, Insurance Premiums Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300