

### Instructions for Handwritten **Forms**

# **Guidelines**



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









Do not use dollar signs, commas, or other punction 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."



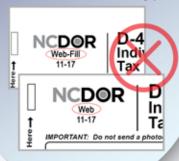
# **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# **IB-4A3**

Gross Premiums Tax Return Captive Insurance Companies

To be filed by two or more Captive Insurance Companies filing as a Consolidated Group other than a Protected Cell Captive Insurance Company or a Special Purpose Insurance Company with a Cell or Series Structure

— DOR Use Only -

For tax year beginning (MM-DD-YY) = = and ending (MM-DD-YY) = =				//						
Legal Name of Controlling Captive Insurance Company						FEIN/	==== SSN			
Mailing Address of Controlling Captive Insurance Company										
City			State	Zip Code	N	AIC N	umbe	er:	_	
Name of Contact Person			Phone Number							
					NCDOI	Licen	se N	 umt	 oer	
Legal Name of Captive Manager Firm										
Mailing Address of Captive Manager Firm  City			State	Zip Code Pa	a circle if ayment has nds transfe nended Re	s been m er (EFT)		ough	electr	onic
Part 1. Captive Insurance Companies ("Me	mbers") Included in Consolid	lated Group (Attach addition	onal sheets if needed)							
Name	FEIN/SSN	NCDOI License Number	Principal Place of Business	Date Licensed to d Business in North Car (MM-DD-YY)	ess in North Carolina Type of Captive ర		ıcial			
1.					O Pure	Association Industrial Insured	Branch	Risk Retention	Special Purpose without or Series Structure	Special Purpose Financial
2					0	0 (	) (	0	0	0
3					0	0 (	) (	0	0	0
4					0	0 (	) (	0	0	0
5					0	0 0		0	0	0

ВС	_
_	D
per Name Member Name	_
or realite Wellber realite	Combined Totals
FEIN FEIN	
	_
	<b>.</b> 00
other insurer if the two insurers are u	nder common control and
В С	D
per Name Member Name	Combined Totals
FEIN FEIN	_
	<b>.</b> 00
	Dup (No tax on assumed reinsurance) Other insurer if the two insurers are undersons of one of the insurers, and (2) the  B C Member Name

FEIN/SSN

**Legal Name** 

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### Part 4. Total Premiums Tax For Members of a Consolidated Group that DOES NOT include a Special Purpose Financial Captive

9. Sum of Calculated Premiums Tax on Direct and Assumed Reinsurance Premiums

Enter the sum of Part 2, Column D, Line 4 and Part 3, Column D, Line 8

9. \_\_\_\_\_\_00

10. Total Premiums Tax For Members of a Consolidated Group that DOES NOT include a Special Purpose Financial Captive

- If the amount on Line 9 is more than \$100,000, enter \$100,000
- If the amount on Line 9 is less than \$5,000, enter \$5,000
- If the amount on Line 9 is between \$5,000 and \$100,000, enter the amount of Line 9 on Line 10

Important: If you complete Part 4, do not complete Part 5. Proceed to Part 6.

### Part 5. Total Premiums Tax For Members of a Consolidated Group that DOES include a Special Purpose Financial Captive

11.	Sum of Calculated Premiums Tax on Direct and Assumed Reinsurance Premiums Enter the sum of Part 2, Column D, Line 4 and Part 3, Column D, Line 8	1100
12.	Amount of Calculated Premiums Tax for Members of Group that ARE Special Purpose Financial Captives  Enter the amount of Line 11 allocated to all members of the Consolidated Group that ARE Special Purpose Financial Captives	12
13.	Maximum Threshold	13 <b>1.0.0.0.0.0 _</b> 00
14.	Comparison of Calculated Tax for Special Purpose Financial Captives to Maximum Tax for Special Purpose Financial Captives If the amount on Line 12 is greater than \$100,000, enter \$100,000 on Line 14. Otherwise, enter amount of Line 12 on Line 14.	14
15.	Amount of Calculated Premiums Tax for Members of Group that ARE NOT Special Purpose Financial Captives Enter the sum of the premiums tax included in Line 11 for members of the consolidated group that ARE NOT Special Purpose Financial Captives	1500
16.	Maximum Threshold	16. <b>100000 .</b> 00
17.	Comparison of Calculated Tax for Non Special Purpose Financial Captives to Maximum Tax for Non Special Purpose Financial Captives If the amount on Line 15 is greater than \$100,000, enter \$100,000 on Line 17. Otherwise, enter amount of Line 15 on Line 17.	17
18.	Total Premiums Tax for ALL Members of Group Add Lines 14 and 17 and enter total	1800
19.	Minimum Threshold	19. <b>5000 1</b> 00
20.	Total Premiums Tax for a Consolidated Group that DOES include a Special Purpose Financial Captive Compare the amount on Line 18 with the amount on Line 19. If the amount on Line 18 is less than \$5,000, enter \$5,000 on Line 20. Otherwise, enter the amount of Line 18 on Line 20.	2000

Printed Name: \_\_\_\_\_\_ Title: \_\_\_\_\_ T certify that, to the best of my knowledge, this return is accurate and complete.

> Returns are due by the 15th day of the 3rd month following the end of the calendar year. Your check or money order must be in the form of U.S. currency from a domestic bank. Electronic filing of returns is not available.

Signature: