

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."



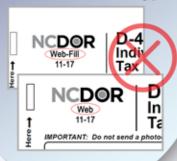
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





IB-53 Gross Premiums Tax Return for:

Fill in applicable circle:	O Self-Insured Workers' Compensation Group	O Health Mair Organizatio		O Hospital Ser Corporation		
For toy your beginning	WI DD 100	and smallers	44400.00		DOR Use Only	
For tax year beginning (им-ии-vv-	and ending (MM-DD-YY)			
Legal Name (First 35 Characters)	(USE CAPITAL LETTERS FOR YOUR NA	AME AND ADDRESS)				
Mailing Address					Federal Employer ID Number	
City			State Zip Code			
Name of Contact Person	Phone Num	nber	State of D	Domicile	NAIC Number	
Fill in circle if applicable:	O Payment has been made through electronic funds to	ransfer (EFT)	O Amended F	Return		
Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year						
Schedule A. Sum	mary of Amount Due					
1. Total 2023 Gross (From Schedule E	Premiums Tax Liability Do	ue		1	,,	
2. Total 2023 Insura (From Schedule C	nce Regulatory Charge Do C, Line 18)	ue		2.	,,	
3. Total Payment D Add Line 1 and Lin				3. \$ _	.00	
The following must	be attached to this retu	rn:				
2023 Schedule T from 2023 North Carolina	n the Annual Statement Business Page					
The following must	be attached if applicable	le (check all tha	at apply):			
Business Page, a 2023 Guaranty A: Guaranty Associa Schedule in supp	ind Schedule T	ailable notice from a Insurance Gua vorkers' compen	m either the l ranty Associa sation tax cre	North Carolina ation edits claimed	return, the North Carolina a Life & Health Insurance	
Printed Name:			Ti	tle:		
Signature:	est of my knowledge, this return is accurate	and complete.	Da	ate:		

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.

Schedule B. Calculation of Gross Premiums Tax

Part 1. North Carolina Basis Gross Premiums Tax (Multiply NC Taxable Premiums by the Applicable Tax Rate)

		NC Taxable Premiums	Tax Rate	Tax Computed on NC Basis
1. Se	elf-Insured Workers' Compensation Group	.,,	2.5%	.,,
2. He	ealth Maintenance Organization	.,,	1.9%	00
3. Ho	ospital Service Corporation	00	1.9%	00
4. Pr	repaid Health Plan	00	1.9%	00
5. To	otal dd Lines 1 through 4	.,,		.,,
Part 2	2. Computation of Gross Premiums T	ax		
	Gross Premiums Tax Computed on NC Basis (From Schedule B, Part 1, Total Tax Computed)		1.	.,,
	Tax Credits a. Guaranty Fund (Credit cannot exceed tax amoun Assessment Tax Credit Available notice in suppo		▶ 2a.	
ŀ	b. CD-425 and NC-478 Tax Credits (Attach applied)	cable forms)	▶ 2b.	.,,
	Gross Premiums Tax Due Line 1 minus Line 2a and 2b, but not less than zer	0	▶ 3.	.,,
	Prior Year Credit Applied to 2023 (From Schedule D, Line 1, Column 1)		> 4.	00
	Gross Premiums Tax Installment Payments (From Schedule D, Line 5, Column 1)		> 5.	.,,
	Balance of Gross Premiums Tax Due Line 3 minus Lines 4 and 5, but not less than zero. If	less than zero, enter amount on Line 9.	6.	.,,
7. (a. Penalties • 00	b. Interest	00	(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
	Total Gross Premiums Tax Due Add Lines 6, 7a and 7b		8. \$	00
9. (Overpayment		9.	.,,
10.	Amount of Line 9 to be Applied to 2024 Gross I	Premiums Tax	1 0.	.,,
	Gross Premiums Tax to be Refunded Line 9 minus Line 10		1 1.	.,,

Pag	e 3 , Form IB-53, Web, 12-23 Legal Name	FI	EIN
Sc	hedule C. Computation of Insurance Regulatory Char	rge	
12.	Gross Premiums Tax Liability (From Schedule B, Part 1, Total Tax Computed)	> 12.	.,,
13.	Insurance Regulatory Charge Liability Multiply Line 12 by 6.5%	13.	.,,
14.	Prior Year Credit Applied to 2023 (From Schedule D, Line 1, Column 2)	> 14.	.,,
15.	Insurance Regulatory Charge Installment Payments (From Schedule D, Line 5, Column 2)	▶ 15.	.,,
16.	Balance of Insurance Regulatory Charge Due Line 13 minus Lines 14 and 15, but not less than zero. If less than zero, e	enter amount on Line 19.	.,,
17.	a. Penalties •		(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
18.	Total Insurance Regulatory Charge Due Add Lines 16, 17a and 17b	18. \$.,,
19.	Overpayment	> 19.	.,,
20.	Amount of Line 19 to be Applied to 2024 Insurance Regulatory Ch	narge 20.	.,,
21.	Insurance Regulatory Charge to be Refunded Line 19 minus Line 20	21.	.,,
So	chedule D. Installment Payments Made (Do not include an	y negative amounts or amounts from l	Line 1 on Lines 2-4)
		(1) Gross Premiums Tax	(2) Insurance Regulatory Charge
1.	Prior Year Credit Applied to 2023 (Gross Premiums Tax - from prior IB-53, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-53, Part 2, Line 21)		
2.	Installment Payment made April 15, 2023 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		
3.	Installment Payment made June 15, 2023 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		
4.	Installment Payment made October 15, 2023 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		

5. Total Installment Payments Made in 2023 Add Lines 2 through 4