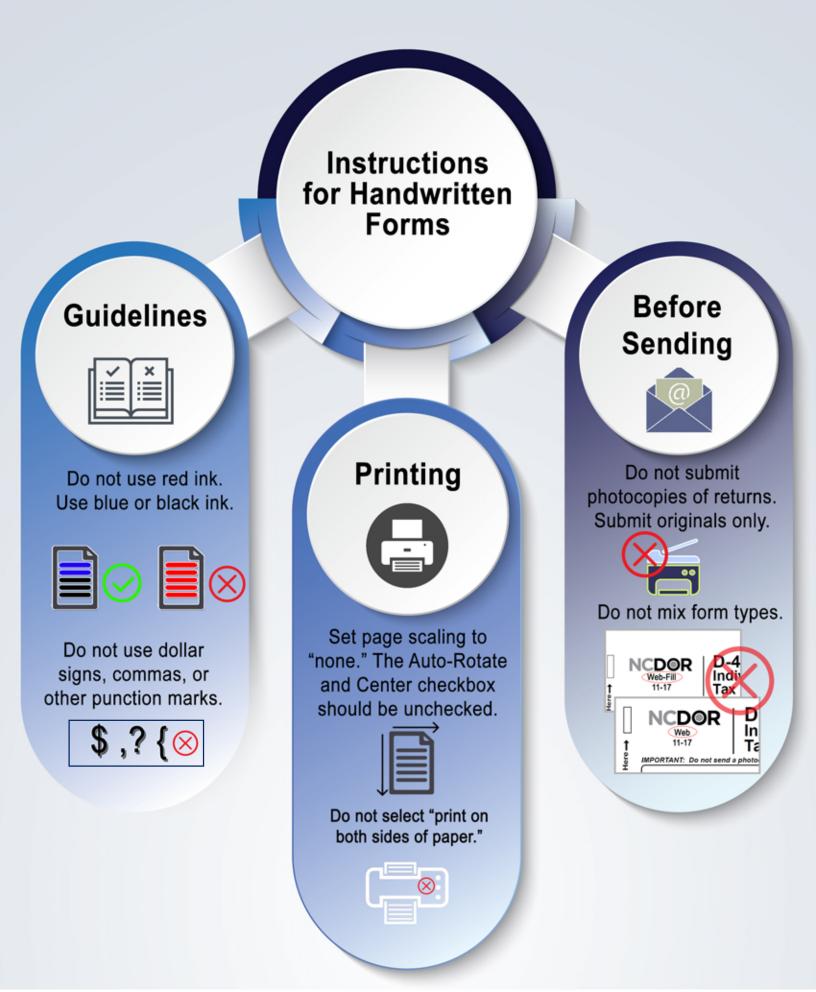
Do Not Include This Page





	Installment	Due Date (MM-L	DD-YY) =	_			DOR Use Only
Legal Name (FOR YOUR NAME AND ADDRES				
Mailing Address						Federal Employer ID Number	
City				State	Zip Code		· · · · · · · · · · · · · · · · · · ·
Name of Cont	tact Person		Phone Number		State of Domicile		NAIC Number
⊖ Fill in	circle if applic	cable: Payment ha	as been made through ele	ectronic fund	transfer (EFT)		
			iums Tax Installme	ent (If prior to	otal gross premiur	ns tax l	iability was less than \$10,000, do not
	I Gross Premiur m prior Form IB-4				►	1.	
	ss Premiums Ta ply Line 1 by 33	x Installment Due 1/3% (.3333)				2.	
		ss Premiums Tax	to be Applied as Credit nt form)		►	3.	
(Line	e 2 minus Line 3.	s Tax Installment I If less than zero, an be applied to subse			►	4.	
5. a. P	enalties 🕨		.00 b. Interest	•			(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
	l Gross Premiun Lines 4, 5a and	ns Tax Installment	Due			6. \$	
Part 2. 0	Computation	of Insurance F	Regulatory Charge	Installme	it		· · · ·
		ulatory Charge Lia art 2, Line 13 from	ibility prior Form IB-43 by 2% (.	02)	►	7.	
	rance Regulator ply Line 7 by 33	ry Charge Installm 1/3% (.3333)	ent Due			8.	
Appl	lied as Credit	urance Regulatory	-		►	9.	
(Line	e 8 minus Line 9.	latory Charge Inst If less than zero, an subsequent installm	ny remaining overpaymen	ot	►	10.	
11. a. P	enalties >		.00 b. Interest	•			(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
		ulatory Charge Ins				12. \$.0
	Amount of In	stallment Due					
Part 3. A			of these lines is less than	1		13. \$.
13. Tota (Add				-		•	•••••••••••••••••••••••••••••••••••••••