

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."



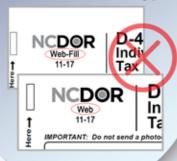
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





IB-54 Installment Payment for:

Fill		Self-Insured Workers' Compensation Group	O Health Maintenance Organization	O Hospital Service Corporation	ce O Prepaid Health Plan
	Installment Due	Date (MM-DD-YY)		1	DOR Use Only
Legal	Name (First 35 Characters) (USE CA	PITAL LETTERS FOR YOUR NAI	ME AND ADDRESS)		
Mailin	g Address			F	ederal Employer ID Number
City			State Z	ip Code	
Name	of Contact Person	Phone Numb	er S	itate of Domicile	NAIC Number
O F	Fill in circle if applicable	: Payment has been mad	de through electronic funds tr	ransfer (EFT)	
	t 1. Computation of G		Installment (If prior tota		bility was less than \$10,000, do not
1.	Total Gross Premiums Ta (From prior Form IB-53, Sc	ĸ Liability		> 1.	
2.	Gross Premiums Tax Inst Multiply Line 1 by 33 1/3%	allment Due		2.	
3.	Overpayment of Gross Pr (From prior Form IB-53 or p	emiums Tax to be Applie	ed as Credit	> 3.	.,,
4.	Net Gross Premiums Tax (Line 2 minus Line 3. If less overpayment should be app	than zero, any remaining		> 4.	000
5.	a. Penalties >	∎00 b.	Interest >	00	(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
6.	Total Gross Premiums Ta: (Add Lines 4, 5a and 5b)	c Installment Due	ř	6. \$	OC
Par	t 2. Computation of Ir	surance Regulator	y Charge Installment		
7.	Total Insurance Regulator Multiply amount on Schedu		orm IB-53 by 2% (.02)	> 7.	.,,
	Insurance Regulatory Cha Multiply Line 7 by 33 1/3%	(.3333)		8.	.,,
9.	Overpayment of Insurance Applied as Credit (From prior Form IB-53 or p		be	> 9.	.,,
10.	Net Insurance Regulatory (Line 8 minus Line 9. If less should be applied to subse	s than zero, any remaining		▶ 10.	.,,
11.	a. Penalties		Interest >		(See <u>www.ncdor.gov</u> for current interest rate and penalty information)
12.	Total Insurance Regulato (Add Lines 10, 11a and 11b		ue	12. \$.,,
Par	t 3. Amount of Install	ment Due			
13.	Total Installment Due (Add Lines 6 and 12. If ame zero, do not include in total		es is less than	13. \$.,,
Sians	4		Title		Dato

I certify that, to the best of my knowledge, this return is accurate and complete.