

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."



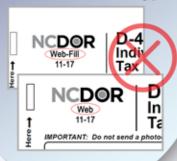
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





IB-44
Installment Payment
Self-Insured Workers' Compensation Corporation

	Installment Due Date (MM-DD-YY)			DOR Use Only
Legal	Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)			
Mailin	g Address			Federal Employer ID Number
City		State Zip Code		
only.		State Zip Code		
Name	of Contact Person Phone Number	State of Domicile		NAIC Number
) F	ill in circle if applicable: Payment has been made through electron	nic funds transfer (EFT)		
Part	1. Computation of Gross Premiums Tax Installment (complete this form; installment payments are not required.)	lf prior total gross premiui	ms tax lia	ability was less than \$10,000, do not
1.	Total Gross Premiums Tax Liability (From prior Form IB-43, Line 4)	•	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-43 or prior installment form)	•	3.	
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 b. Interest			(See <u>ncdor.gov</u> for current interest rate and penalty information)
6.	Total Gross Premiums Tax Installment Due (Add Lines 4, 5a and 5b)	,	6. \$	00
Part	2. Computation of Insurance Regulatory Charge Inst	allment		
7.	Total Insurance Regulatory Charge Liability Multiply amount on Part 2, Line 13 from prior Form IB-43 by 2% (.02)	•	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-43 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 ▶			(See <u>ncdor.gov</u> for current interest rate and penalty information)
12.	Total Insurance Regulatory Charge Installment Due (Add Lines 10, 11a and 11b)		12. \$.,,,
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
Signa	ture: Title: I certify that, to the best of my knowledge, this return is accurate and complete.			Date: