

Type of Filing: Original

Amended

2009 INSTALLMENT REPORTING STATEMENT

DUE OR POSTMARKED ON OR BEFORE JUNE 1

Name of Company:		Contact Person:	Group Code (*09): NAIC Co. Code: -----
Mailing Address:		Phone No.:	State of Incorporation:
Street Address:		Fax.:	FEIN No: -
		E-Mail:	Date Licensed in D.C.
Former Name, NAIC Company Code, State of Domicile and/or address if Changed Since Last Premium Tax Return:			

Premium Tax Payment Method: EFT: EFT Taxpayer I.D. No.:

Check: No Payment:

All insurers whose tax liability for the preceding calendar year was \$1,000 or more must file an Installment Reporting statement. Insurers whose preceding calendar year tax liability was zero, or less than \$1,000 should not file the Installment Reporting Statement. Tax payment is due in one installment on or before the 1st day of June of the calendar year in which the taxed income is received. The installment shall be an amount equal to at least 50 percent of the total tax liability for the preceding calendar year. A penalty of 8 percent per month will be imposed until the appropriate tax installment is paid.

NOTE: PLEASE DO NOT STAPLE MULTIPLE INSTALLMENT REPORTING STATEMENTS TOGETHER

1.	Total tax for the preceding calendar year (<u>premium tax plus retaliatory tax</u>)	\$ _____	.00
2.	One Single Installment for the year, due <input type="checkbox"/> June 1st: (50% of line 1)	\$ _____	.00
3.	Less overpayment credit from previous year	\$ _____	.00
4.	Less CAPCO premium tax credit, D.C. Code § 31-5233 (c) (1). (Please attach DISB CAPCO credit form)	\$ _____	.00
5.	Total installment due with this statement	\$ _____	.00
6.	Penalty (After June 1 postmark, 8% per month until paid, D.C. Code § 47-2609)	\$ _____	.00
7.	Total amount paid (Line 5 + Line 6)	\$ _____	.00
8.	Remaining credit available	\$ _____	.00

For Dept. Use Only: LOCKBOX BATCH # _____

The Authorized Tax Officer should pay careful attention to the following:

	Yes	No
1. Has the installment statement been signed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a check attached? EFT Payment:	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the check been signed?	<input type="checkbox"/>	<input type="checkbox"/>

SEE PAGE 2 FOR MAILING ADDRESS -- PLEASE USE THAT MAILING ADDRESS ONLY

	Yes	No
4. Is the check made payable to the D.C. Treasurer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a separate check for each company?	<input type="checkbox"/>	<input type="checkbox"/>
6. Indicate check number (if known) _____ Amount \$ _____		
7. Is there a carry forward credit?	<input type="checkbox"/>	<input type="checkbox"/>

TAX PREPARER'S INFORMATION

Date of Completion:

Tax Return Completed by: Phone No. Ext. Fax E-Mail

The undersigned authorized tax officer of the company certify under penalties provided by the laws of the District of Columbia, that this premium tax Installment Reporting Statement has been examined by me and is to the best of my knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Signed by Authorized Tax Officer Title Date

Comments:

Instructions:

This form is designed to be filled-in online. You must also send a signed copy of the form to the **LOCKBOX** address below.

All premium tax forms for DC should be printed on white paper.

- ◆ **The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.**
- ◆ **There is no street address for the payment of D.C. year-end premium taxes or the June 1 installment. Overnight deliveries can be sent by U.S. express or priority mail.**

Please send tax return to the following (LOCKBOX) address only:

Premium tax checks should be made payable to the D.C. TREASURER.

**D.C. TREASURER
INSURANCE BUREAU
LOCKBOX 92180
WASHINGTON, D.C. 20090-2180**