



**DISTRICT OF COLUMBIA**  
**DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**  
**2015 INSURANCE PREMIUM TAX RETURN**

☐ Amended

**Due or Postmarked on or before March 1**

Name of Company:			NAIC Code:	
Mailing Address:	City:	State:	ZIP Code:	
Contact Person:	Phone Number:	Email Address:		

**PART I – Premium Tax**

Provide an explanation of any amounts that do not agree with Schedule T in the Comments.

		Accident & Health Premiums
1. Premiums (Agree with Schedule T and see filing instructions for requirement)		
2. Less qualified premiums (D.C. Codes §§47-2608,31-205, include explanation in Comments)		
3. Net Written Premiums		
4. Deductions:		
a. FEHBP & FEDVIP		
b. Medicare		
c. Medicare Part D		
d. Other:		
e. Total Deductions		
5. Net Taxable Premiums		
6. Finance, Service and Other Charges not included above		
7. Total Taxable Amount		
8. Pre-10/1 non-A&H premium <span style="float: right;">x 2.00%</span>		
9. Post-9/30 non-A&H premium <span style="float: right;">x 1.70%</span>		
10. Premium Tax		
11. Retaliatory Tax (From Part II)		
12. Total Tax Liability (Sum of Line 10 and Line 11 above)		
13. Credits & Payments		
a. Applied Credits from Prior Return		
b. June 1 Installment Paid		
c. June 1 Installment CAPCO Credit Taken		
d. CAPCO Credits Taken With This Return (attach CAPCO credit form)		
e. Guaranty Fund Tax Credits and Refunds (Class B Assessments Only – attach Assessment Invoice or Certificate of Contribution along with Guaranty Fund Assessment Form)		
f. If amended, amount paid with original return		
g. Other Prior Payment:		
h. Total Credits and Payments		
14. Net Taxes Due		
15. Penalty (After March 1, 8% per month until paid, DC Code §47-2609)		
16. Total Amount Paid with this Return		
17. OVERPAYMENT		
18. Amount of Overpayment to be refunded		
19. Amount of Overpayment to be applied to June 1 installment		

Company Name:	NAIC Code:
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**PART II – RETALIATORY TAX:** Please include all taxes required of a District of Columbia company in your state of domicile for identical premium income. This part must be completed by all foreign and alien insurers whether or not any retaliatory tax is due. (Do not include fees or assessments in the retaliatory tax computation.)

1. Total Gross Premiums (Sum of Line 1 and Line 6 of Part I)			
2. Less Deductions Authorized by Your State of Domicile			
a.			
b.			
c.			
d.			
e. Total Deductions			
3. Taxable Premiums			
4. Percentage Rate			
5. Premium Tax			
6. Other Taxes – Do Not Include Any Fees or Assessments			
Type of Tax	Premium or Tax Base	Tax Rate	Tax Amount
a.			
b.			
c.			
d. Total Other Taxes			
7. Total Domicile State Tax			
8. Less DC Premium Tax Basis			
9. Retaliatory Tax Due			

**PART III – Certification and Comments**

By clicking the box below, the authorized tax officer of the company certifies, under penalties provided by the laws of the District of Columbia, that this premium tax return (including accompanying schedules and statements) has been examined and is to the best of the authorized tax officer’s knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

☐Agreed

Authorized Tax Officer	Title	Date
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Comments:

Company Name:	NAIC Code:
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**Reminders:**

1. Attach Life and Health Insurance Guaranty Fund Class B Assessment Recovery Form
2. Premium tax checks should be made payable to **DC Treasurer**
3. Premium tax returns with payments should be filed by using **OPTins** or mailed to the following address:

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

4. Premium tax returns with no payments should be emailed to **Department of Insurance, Securities and Banking** at the email address: **disb.premiumtax@dc.gov**