



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
2016 INSURANCE 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. Premiums returned on policies not taken | | |
| e. Dividends (paid in cash or used in payment of renewal premiums) | | |
| f. Other: | | |
| g. Total Deductions | | |
| 5. Net Taxable Premiums | | |
| 6. Finance, Service and Other Charges not included above | | |
| 7. Total Taxable Amount | | |
| 8. Premium Tax | | |
| 9. Retaliatory Tax (From Part II) | | |
| 10. Total Tax Liability (sum of line 8 and line 9 above) | | |
| 11. 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 | | |
| 12. Net Taxes Due | | |
| 13. Penalty (After March 1, 8% per month until paid, DC Code §47-2609) | | |
| 14. Total Amount Paid with this Return | | |
| 15. OVERPAYMENT | | |
| 16. Amount of Overpayment to be refunded | | |
| 17. Amount of Overpayment to be applied to June 1 installment | | |

| | |
|---------------|------------|
| Company Name: | NAIC Code: |
|---------------|------------|

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 (Part I, Line 1 total and Line 6 total) | | | |
| 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 |
|------------------------|-------|------|

Comments:

| | |
|---------------|------------|
| Company Name: | NAIC Code: |
|---------------|------------|

Reminders:

1. Attach "Life and Health Insurance Guaranty Fund Class B Assessment Recovery Form" and "L&H Guaranty Fund Assessment Invoice" for supporting the credit taken on Line 11e.
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 through the **United States Postal Service** only:

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

4. Premium tax returns with no payment should be filed in **OPTins** or emailed to **Department of Securities, and Banking** at the email address: **disb.premiumtax@dc.gov**. You are not required to mail a return through USPS when no payment is required with the return.