



**DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
2019 INSURANCE TAX RETURN**

Amended

Due or Postmarked on or before March 1

Name of Company:		FEIN:	NAIC Code:
Mailing Address:	City:	State:	ZIP Code (9 digit):
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 (from policies issued in connection with pension, annuity, profit-sharing plan or individual retirement annuity qualified or exempt under IRS code)	
3. Net Written Premiums	
4. Deductions:	
a. FEHBP & FEDVIP	
b. Medicare & Medicare Part D	
c. Premiums returned on policies cancelled or not taken	
d. Dividends (paid in cash or used in payment of renewal premiums)	
e. Other:	
f. Total Deductions	
5. Net Taxable Premiums	
6. Finance, Service and Other Charges not included above	
7. Total Taxable Amount	
8. Premium Tax	
9. Total Premium Tax	
10. Retaliatory Tax (From Part II or Schedule A)	
11. Total Tax Liability (sum of line 8 and line 9 above)	
12. 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	
13. Net Taxes Due	
14. Penalty (After March 1, 8% per month until paid, DC Code §47-2609)	
15. Total Amount Paid with this Return	
16. OVERPAYMENT	
17. Amount of Overpayment to be refunded	
18. Amount of Overpayment to be applied to June 1 installment	

Company Name:		NAIC Code:
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SCHEDULE A – Retaliatory Tax Worksheet

Please complete this Retaliatory Tax Worksheet ONLY if your state of domicile has a tax rate different from District of Columbia and has a varying tax rate based on line of business, type of insurers, or premium volumes, etc. Do not include fees or assessments in the retaliatory tax computation.

1.	Total DC Gross Premiums (sum of Part I, line 1 and 6)	
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2.	Domicile State Premium Tax Instructions: Enter a description of premiums and deductions, and gross premiums and deductions amount. Apply the tax rate to each type of Taxable Premiums charged in the Company's domicile state. The Total gross premiums on Line 2k must be equal to the amount in Line 1- Total DC Gross Premiums above.						
	Type of Premiums	Gross Premiums	Type of Deductions	Deductions	Taxable Premiums	Tax Rate	Tax Amount
a.							
b.							
c.							
d.							
e.							
f.							
g.							
h.							
i.							
j.							
k.	Total:						
l.	Line 1 subtract Line 2k						

3.	Other Taxes – Do not Include Any Fees or Assessments			
	Type of Tax	Premium or Tax Base	Tax Rate	Tax Amount
a.				
b.				
c.				
d.	Minimum premium tax			
e.	Total Other Taxes			

4.	Total Domicilie State Tax	
5.	Less DC Premium Tax Basis	
6.	Retaliatory Tax Due	

Company Name:	NAIC Code:
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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 12e.
2. Premium tax checks should be made payable to **DC Treasurer**
3. Premium tax returns with payments should be filed through **OPTins** or mailed to the following address through **United States Postal Service**:

**DC Treasurer
Insurance Bureau
LOCKBOX 92180
Washington, DC 20090-2180**

or UPS and FedEx EXPRESS MAILS ARE ACCEPTED at the following address:

**DC Treasurer/Wells Fargo Bank
7175 Columbia Gateway Drive
Attn: Lockbox # 92180, Insurance Bureau
Columbia, MD 21046**

4. If a company is required to file 2019 DC premium tax return, but has no tax payment due after taking credits to offset against tax liabilities, the tax return must be emailed to the Department of Insurance, Securities and Banking at email address: **disb.premiumtax@dc.gov**, or filed through **OPTins**. **No tax return without a tax payment should be mailed to Lockbox address above.**

5. ELECTRONICS PAYMENT INSTRUCTIONS FOR 2019 DC ANNUAL PREMIUM TAX

BENEFICIARY BANK: WELLS FARGO BANK, N.A.
1750 H Street, NW, Suite 500
WASHINGTON, DC 20005

ABA#: 121000248
BENEFICIARY ACCOUNT#: 2000043154898
ACCOUNT TYPE: CHECKING
ACCOUNT TITLE: INSURANCE BUREAU (DISR)LOCKBOX
BENEFICIARY ADDRESS: 1101 4th Street SW # 800W, Washington DC 20024
PAYMENT TYPE: ACH
PAYMENT DESCRIPTION/ADDENDA*: NAIC # /2019 PREMIUM TAX/Company Name
NACHA FORMAT: CTX/CCD, CTX is Preferred

*The "Transfer Memo/Payment Description/addenda" information is crucial to ensure that your payment being identified by NAIC# and company name. Please be sure to include this information on your ACH transfer.

*If the company choose to pay DC premium tax electronically, the tax return with required document must be emailed to **disb.premiumtax@dc.gov** for DISB records.