



DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
2019 PREMIUM TAX INSTALLMENT REPORTING STATEMENT

Type of Company SELECT COMPANY TYPE

Due on or before June 1

Name of Company:		FEIN:	NAIC Code:
Mailing Address:	City:	State:	ZIP Code (9 digit):
Contact Person:	Phone Number:	Email Address:	

All insurers whose tax liability for the preceding calendar year was \$1,000 or more must file an Installment Reporting Statement. The tax payment installment shall be an amount equal to at least fifth percent (50%) of the total tax liability for the preceding calendar year. The tax payment installment is due in one installment on or before June 1 of the calendar year in which the taxed income is received. A penalty of eight percent (8%) per month will be assessed until full payment of the tax payment installment is received.

PART I – Installment Payment

1. Total Tax Liabilities for the preceding calendar year (line 11 of prior year tax return)	
2. Installment payment (50% of line 1 above)	
3. Less overpayment credit from previous year (line 18 of prior year premium tax return)	
4. Less CAPCO premium tax credit, D.C. Code §31-5233(c)(1) (Please attach DISB CAPCO credit form)	
5. Minimum installment due with this statement	
6. Amount Paid (must be greater than or equal to the amount in Line 5)	
7. Penalty (8% per month until paid after June 1 postmark per D.C. Code §47-2609)	
8. TOTAL AMOUNT DUE (Line 6 + Line 7)	

PART II – 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 installment reporting statement 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:

Reminders:

1. Premium tax installment checks should be made payable to **DC Treasurer**
2. Premium tax installment report with payment must 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**

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

4. ELECTRONIC PAYMENT INSTRUCTIONS FOR 2019 INSTALLMENT

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 INSTALLMENT/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 installment electronically, this statement with required document must be emailed to **disb.premiumtax@dc.gov** for DISB records.