

2016

DOMESTIC COMPANIES OTHER THAN LIFE

Insurer NAIC Code Number _____

Insurer NAIC Group Code Number _____

Type or print the requested information
FEDERAL EMPLOYER I.D. NUMBER

COMPANY NAME

MAILING ADDRESS

CITY STATE ZIP CODE

IMPORTANT: THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a CHECK PAYABLE TO - " NJ DIVISION OF TAXATION -- INSURANCE TAX" PLEASE REFER TO THE INSTRUCTIONS CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.

Mail to: Division of Taxation PO Box 247 (200 Woolverton St. Bldg 20) Trenton, NJ 08646-0247

ALSO

A duplicate return must be filed with the Commissioner of Banking and Insurance at the same time.

Mail to: The Department of Banking and Insurance PO Box 325 (20 West State Street) Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 4.

ANNUAL REPORT Statement of Premium Taxes and Other Obligations

Commissioner of Banking and Insurance, State of New Jersey : Director, Division of Taxation, State of New Jersey :

The _____

incorporated or organized under the laws of New Jersey and with offices located at _____

MAILING ADDRESS OF OFFICE PREPARING RETURN

hereby submit the following statement for the calendar year ending December 31, 20 ____, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office:

STREET, CITY, ZIP CODE

_____, which is located in _____

NAME OF MUNICIPALITY* AND COUNTY

*Please be sure to indicate the actual municipality and not the New Jersey mailing address.

Date of Incorporation or organized _____

Date first licensed in New Jersey _____

STATE OF _____ COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20 _____ before me _____ personally appeared _____

(INSERT SECRETARY OR U.S. MANAGER)

_____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the day and year aforesaid.

(INSERT SECRETARY OR U.S. MANAGER)

(OFFICIAL TITLE)

IMPORTANT: THIS BLOCK MUST BE COMPLETED FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

(NAME & TITLE OF PARTY TO CONTACT REGARDING THIS RETURN) (PHONE NUMBER) (EMAIL ADDRESS)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

**SCHEDULE A
EXHIBIT OF TAXES
MUST BE COMPLETED BY ALL TAXPAYERS**

	(1)	(2)	(3)	STATE OF NEW JERSEY		
	DIRECT PREMIUMS	DIVIDENDS	TAXABLE PREMIUMS	RATE	TAX	
1 . Auto Liability and Physical Damage				2.1%		
2 . Individual Accident and Health				2.1%		
3 . Group Accident and Health				1.05%		
4 . All Other (Except Ocean Marine and Fire)				2.1%		
5 . Total lines 1 thru 4				XXXX		
6 . Fire Lines				2.1%		
7 . Ocean Marine				XXXX	XXXXXX	
8 .						
9 .						
10 . Total lines 5 thru 9, Must Agree with line 35, of New Jersey State page of Annual Statements as filed with the New Jersey Department of Banking and Insurance.				XXXX		
11 . Finance and Service Charges				2.1%		
12 . Total (lines 10 and 11)				XXXX		
TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO <u>N.J.S.A. 54:18A-6</u>						
NOTE: If Taxable Premiums are determined as provided in <u>N.J.S.A. 54:18A-6</u> (12.5% Limitation), then Schedule B- Calculation of Taxable Premiums as Provided in <u>N.J.S.A. 54:18A-6</u> -- Other Than Life Companies must be completed.						
13 . Taxable Premiums from Schedule B, Section II line 3, Column B				2.1%		
14 . Taxable Premiums from Schedule B, Section II line 2, Column B				1.05%		
15 . TOTAL (lines 13 plus 14)				XXXX		
16 . Total Tax (Lesser of line 12, Column 4 or line 15, Column 4)				XXXXXX		
17 . Workers Compensation Premiums (included in line 4 above)				0.25%		
18 .						
19 . Total (lines 16 thru 18)				XXXXXX	XXXX	
Workers Compensation Premiums per line 17 Premiums line 16 in New Jersey State page of Annual Statement _____ Less Dividends _____ Taxable Premiums _____ (line 17, Column 3)	CALCULATION OF TOTAL AMOUNT DUE					
	20 .	Business Incentive Tax Credit(s) (Attach completed Form 319-IPT, Form 320-IPT, Form 323-IPT) **				
	21 .	Other Credits * -- Insurance Premium Tax Credits- Attach Supporting Documentation				
	22 .	Retaliatory Tax Credit (attach completed Retaliatory Tax Credit Form)				
	23 .	Total Tax Credits (Sum of lines 20 through 22)				
Total Loss Reserve (Estimated) as per Title 34 Chapter 15, Article 7 of the "Revised Status" (Formerly Submitted as "Workers Compensation Security Fund Return")	24 .	Balance of Tax Liability Due (line 19 less line 23)				
	25 .	Credit for Prepayment of Premium Tax paid March 1 and June 1 of the prior calendar year.				
	26 .	Balance Due (line 24 less line 25)				
	27 .	Prepayment of Tax Liability due March 1st -- (50 % of line 16)				
	28 .	Total Amount Due State of New Jersey (line 26 Plus line 27)				
	29 .	If line 26 plus line 27 is less than zero enter the amount of the overpayment.				
	30 .	Amount of overpayment on line 29 to be applied to Prepayment of Tax Liability due June 1st.				
	31 .	Amount to be refunded. (If line 29 plus line 30 is less than zero.)				
	32 .	Amount of Business Incentive Tax Credit(s) to be carried forward. (See Form 319-IPT, Form 320-IPT, Form 323-IPT)				
PAYMENT OF THE AMOUNT INDICATED AT LINE 28 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.						
* Requires proof of payment i.e. copies of cancelled checks						
** Requires original Tax Credit/Tax Credit Transfer Certificate and completed tax credit form be included with the return.						
A copy of New Jersey State page, and, Schedule T as filed with the NAIC must be attached.						

**SCHEDULE B
COMPANIES OTHER THAN LIFE
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**

INSTRUCTIONS

This schedule is to be completed *only* by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12 ½% Limitation).

If the company was licensed on or after June 30, 1984, complete *both* Section I and Section II.

If the company was licensed prior to June 30, 1984, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 12.

When completing Section 1, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section 1.

Schedule A, Lines 1 to 12, must still be completed by ALL TAXPAYERS

SECTION 1 – COMPLETE ONLY IF *LICENSED* ON OR AFTER June 30, 1984

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.**

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company and its affiliates			
2. LESS: Premiums on Group Accident and Health Policies of the Company and its affiliates			
3. BALANCE – (line 1 minus 2)			

SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)
1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company		
2. LESS: Premiums on Group Accident and Health Policies of the Company		
3. BALANCE – (line 1 minus 2)		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 13 AND/OR 14 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

DOMESTIC COMPANIES OTHER THAN LIFE GENERAL FILING INSTRUCTIONS

Listed below you will find instructions about areas to pay close attention to when completing the tax form:

1. **NAIC code** – At the top left side of the first page of the return is a space to provide the insurer's five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Email address** has replaced the Contact Persons Fax number on the Front Page of the return.
3. **Schedule A** – Please note that **Schedule A, including lines 1 to 12, must be completed by all taxpayers**, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule B.
4. **See instructions below regarding changes to the tax forms.**
5. **All credits** requested on Schedule A, require supporting documentation as proof of payment (i.e. copy of the check or cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
6. **Business Incentive Tax Credits** requested on Schedule A, require the original tax credit/tax credit transfer certificate and completed Tax Credit form, be filed with the return or the credit will be denied.
7. **Penalty and Interest** – Any taxpayer that fails to file its return or pay tax when due, shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
8. **Overpayment** – Any **refundable** overpayment indicated on Schedule A line 29 must first be applied to the June 1 prepayment before any refund is issued.
9. **Affiliate Schedule** –A taxpayer determining its taxable premiums as provided in N.J.S.A. 54:18A-6, when completing Schedule B Section 1, **must** include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section 1.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6 (SCHEDULE B)

Column A Worldwide Premiums are defined as **Worldwide Premiums minus dividends paid or credited to policyholders.**

If the company *was* licensed on or after June 30, 1984 and the amount indicated at Section I, Column C, line 3, *is not greater* than the amount indicated on Section I, Column B, line 3, the company does not qualify to use this limitation. Taxable Premiums are to be those indicated on Schedule A, line 12.

If the company *was* licensed on or after June 30, 1984 and the amount indicated on Section I, Column C, line 3, *is greater* than the amount indicated on Section I, Column B, line 3, taxable premiums are the amounts indicated on Section II, Column B. These amounts should be entered on Schedule A, applicable line(s) (13, 14).

In addition, a detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must be submitted with this schedule.

If the company was licensed prior to June 30, 1984, and the amount indicated on Section II, Column B, line 3, *is less* than taxable premiums indicated on Schedule A, line 12, then enter amounts from Section II, Column B on Schedule A applicable line(s) (13, 14). If the premium amount indicated at Section II, Column B, line 3, *is not less* than taxable premiums indicated on Schedule A, line 12, taxable premiums are those indicated on Schedule A, line 12.

CHANGES TO THE TAX FORM

Line 20 – Business Incentive Tax Credit line. When used, taxpayer must attach the applicable original tax credit/tax credit transfer certificate issued by the New Jersey Economic Development Authority, along with the corresponding completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the original tax credit/tax credit transfer certificate and the applicable tax credit form will result in the denial of the tax credit claimed.

Line 21 – Other Credits for other tax credits or offsets, specific to the Insurance Premium Tax.

Line 22 – Retaliatory Tax Credit line.

BUSINESS INCENTIVE TAX CREDITS – SCHEDULE A LINE 20

To claim these credit(s), the taxpayer must attach a copy of the original tax credit/tax credit transfer certificate issued by the New Jersey Division of Taxation and a completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the original certificate and applicable tax credit form(s) will result in denial of the tax credit claimed.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayers with a prior year's tax liability of \$10,000 or more in any one tax are required to remit all tax payments using EFT.

For EFT program questions, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681, visit the Division of Revenue and Enterprise Services website at <http://www.state.nj.us/treasury/revenue/enrolleft.shtml>, or write to the Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at Schedule A line 28 must be transmitted in one transaction with an applicable year of **2016**. The prepayment tax liability included in this amount, along with the prepayment tax liability due June 1, will be credited automatically against the succeeding year's tax liability, when the taxpayer files that year's Insurance Premium Tax Return. A separate transaction for the prepayment tax liability due March 1 at line 27 is not required.

HELPFUL HINT FOR EFT REMITTANCE: Return Period Ending **MUST** read **161231** ((YY) Year, (MM) Month, (DD) Day) for **ALL** payments associated with the **2016** tax return. This includes any **PREPAYMENT** tax liabilities due with the return on March 1 and June 1. The same procedure should be followed for subsequent tax years, after adjusting the return period ending accordingly.

IMPORTANT NOTE

PAYMENT for the amount indicated at Schedule A line 28 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the front page of this return. **DO NOT** send payment amount to The Department of Banking and Insurance.

In the event, the taxpayer is simultaneously paying obligations to The Department of Banking and Insurance, (i.e. Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund etc.) these amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for the particular obligation.

****ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE ORIGINAL RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**