

2017

FOREIGN OR ALIEN COMPANIES OTHER THAN LIFE

Insurer NAIC Code Number _____

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

Insurer NAIC Group Code Number _____

COMPANY NAME

MAILING ADDRESS

**IMPORTANT: THE FOLLOWING INSTRUCTIONS
MUST BE ADHERED TO:**

CITY STATE ZIP CODE

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

You must file a duplicate return 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 5.

**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 _____
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, and Title 34 Chapter 15, Article 7.

Alien Insurers: Indicate Port of Entry _____
State

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 (Page 1)

EXHIBIT OF TAXES AND OTHER OBLIGATIONS

	(1) DIRECT PREMIUMS	(2) DIVIDENDS
1. Auto Liability and Physical Damage		
2. Individual Accident and Health		
3. Group Accident and Health		
4. All Other (Except Ocean Marine) *		
5. Total Lines 1 thru 4		
6. Fire Lines, Schedule B, Line 48, Column 4		
7. Ocean Marine		
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.		
11. Finance and Service Charges		
12. Total (Lines 5 thru 11)		
Workers Compensation Premiums per Line 18 Premiums Line 16 in New Jersey state page of Annual Statement _____ Less Dividends _____ Taxable Premiums _____	TAXABLE PREMIUMS AS	
	NOTE: If Taxable Premiums are determined as provided Taxable Premiums as Provided in N.J.S.A. 54:18	
	13. Taxable Premiums from Sch. C, Sec. II Line 3, Col. B	
	14. Taxable Premiums from Sch. C, Sec. II Line 2, Col. B	
	15. Total (Lines 13 plus 14, Columns 4 and 5)	
16. Total Tax (Lesser of Line 12 or 15 , Columns 4 and 5)		
TAXABLE FIRE PREMIUMS AS		
NOTE: If Taxable Fire Premiums are determined as of Taxable Fire Premiums as Provided in N.J.S.A.		
17. Taxable Fire Premiums from Sch. C-1, Sec. II Line 1, Col. B		
OTHER ADDITIONAL TAXES		
18. Workers Compensation Premiums (included in Line 4 above)		
19. Fire Marshal (Sch. B, Line 47, Column 2)		
20.		
21. Other * -- Attach Detailed Schedule		
22. XXXXXXXXXXXXXXXXXXXXXXXXXX		
23. XXXXXXXXXXXXXXXXXXXXXXXXXX		
24. Total Additional Taxes (Lines 18 thru 23, Columns 4 and 5)		
25. Total Taxes (Line 16 and 24, Columns 4 and 5)		

PAYMENT OF THE AMOUNT INDICATED AT LINE 37 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FRONT PAGE OF THIS RETURN.
 * Supporting Documentation **MUST** be enclosed (requires proof of payment, i.e., copies of cancelled checks).
 ** Use Taxable Premium and Dividend Deduction allowed by State of Incorporation. Attach Schedule.
 A copy of New Jersey State page and Schedule T, as filed with the NAIC, must be attached.

SCHEDULE A (Page 2)

EXHIBIT OF TAXES AND OTHER OBLIGATIONS

(3) TAXABLE PREMIUMS	STATE OF INCORPORATION**		STATE OF NEW JERSEY			
	Domicile Rate	(4) TAX	New Jersey Rate		(5) TAX	
			2.1%	1.		
			2.1%	2.		
			1.05%	3.		
			2.1%	4.		
				5.		
			2.1%	6.		
			XXX	7.	XXXXXXXX	
			XXX	8.	XXXXXXXX	
			XXX	9.	XXXXXXXX	
			XXX	10.	XXXXXXXX	
			2.1%	11.		
				12.		
DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6 in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule C - Calculation of A-6 - Other Than Life Companies - must be completed.						
Premiums	Domicile Rate	Tax	New Jersey Rate		Tax	
13.			2.1%	13.		
14.			1.05%	14.		
15.	XXX		XXX	15.		
16.				16.		
DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6 provided in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule C-1 Calculation 54:18A-6 - Other Than Life Companies - must be completed.						
17.			2.1%	17.		
(3) TAXABLE PREMIUMS	STATE OF INCORPORATION		STATE OF NEW JERSEY			
Domicile Rate	(4) TAX	New Jersey Rate		(5) TAX		
18.			0.25%	18.		
19.			XXX	19.	XXXXXXXX	
20.			XXX	20.	XXXXXXXX	
21.				21.		
22.	XXXXXXXXXX	XXX	XXXXXXXXXXXX	XXX	22.	XXXXXXXX
23.	XXXXXXXXXX	XXX	XXXXXXXXXXXX	XXX	23.	XXXXXXXX
24.				24.		
25.				25.		
26.	Retaliatory Tax Due -- (see instructions)				26.	
27.	Total Tax Due, Line 25 plus 26				27.	
CALCULATION OF TOTAL AMOUNT DUE						
28.	Total Tax after Refundable Business Tax Credits (See Schedule BTC-IPT - If Line 3 is less than zero "0", enter the overpayment amount, otherwise "0") **				28.	
29.	Total Tax after Remaining Business Tax Credits (See Schedule BTC - If Line 12 is greater than zero "0", enter the tax amount, otherwise "0") **				29.	
30.	Credit for Taxes Paid to New Jersey Fireman's Relief Association(s)*				30.	
31.	Other Credits ** -- Attach Supporting Documentation				31.	
32.	Total Tax Credits (Total of Line 30 through 31)				32.	
33.	Balance of Tax Liability Due - Line 27, 28 or 29 Less Line 32 (See instructions)				33.	
34.	Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year.				34.	
35.	Balance Due (Line 33 less Line 34)				35.	
36.	Prepayment of Tax Liability due March 1st (see instructions)				36.	
37.	Total Amount Due State of New Jersey (Line 35 plus Line 36)				37.	
38.	If Line 35 plus Line 36 is less than zero enter the amount of the overpayment				38.	
39.	Amount of Line 38 to be applied to Prepayment of Tax Liability due June 1st				39.	
40.	Amount of Line 38 to be refunded (If Line 38 plus Line 39 is less than zero)				40.	
41.	Amount of Business Tax Credit carryforward available to be credited against next year's return. (Schedule BTC - If Line 12 is less than zero "0", enter amount here.)				41.	

PAYMENT OF THE AMOUNT INDICATED AT LINE 37 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FRONT PAGE OF THIS RETURN.

* Requires proof of payment included with return, i.e., copies of cancelled check issued for payment.
 ** Requires original Tax Credit/Tax Credit Transfer Certificate and completed tax credit form be forwarded as per General Instructions.
 A copy of New Jersey State page and Schedule T, as filed with the NAIC, must be attached.

SCHEDULE B EXHIBIT OF TAXES ON PROPERTY LINES

LINE OF BUSINESS	(1) NET DIRECT PREMIUMS-- MUST AGREE WITH STATE PAGE OF ANNUAL STATEMENT		(2) STATE OF INCORPORATION FIRE MARSHAL		(3) STATE OF INCORPORATION FIRE DEPARTMENT		(4) STATE OF NEW JERSEY FIREMEN'S RELIEF ASSOC.	
	% Allocated to fire		% Allocated to fire		% Allocated to fire		% Allocated to fire	
42. Fire							100%	
43. Homeowners							35%	
44. Commercial Multiple Peril (Line 5.1 only)							100%	
45. All Other (Line 5.2 added here)							XXXX	XXXXXX
46.							XXXX	XXXXXX
47.							XXXX	XXXXXX
48. Enter on Schedule A page 1, Column 1, Line 6								

**SCHEDULE BTC
SUMMARY OF BUSINESS TAX CREDITS**

THIS SCHEDULE MUST BE COMPLETED IF ONE OR MORE BUSINESS TAX CREDITS ARE CLAIMED FOR THE CURRENT TAX FILING PERIOD.

SCHEDULE BTC		SUMMARY OF BUSINESS TAX CREDITS	
1. Enter Total Tax Amount - from Form DEXM page 2 Line 18, DEM page 2 Line 19, EXM page 3 Line 42, or EM page 3 Line 27.	1.		
REFUNDABLE BUSINESS TAX CREDITS			
2. Enter Business Employment Incentive Program Tax Credit (BEIP) from Form 324-IPT	2.		
3. Enter Total Tax after Refundable Business Tax Credits – subtract Line 2 from Line 1	3.		
4. If Line 1 minus Line 2 is less than zero, enter amount of overpayment to be refunded. (Enter here and on DEXM page 2 Line 19, DEM page 2 Line 20, EXM page 3 Line 43, or EM page 3 Line 28)	4.		
5. Enter Business Retention and Relocation Tax Credit from Form 316-IPT.	5.		
6. Enter Urban Transit Hub Tax Credit from Form 319-IPT.	6.		
7. Enter Grow NJ Tax Credit from Form 320-IPT.	7.		
8. Enter Residential Economic Redevelopment and Growth Tax Credit from Form 323-IPT.	8.		
9. Enter Neighborhood Revitalization State Tax Credit For Business Taxes Other Than The New Jersey Corporation Business Tax from Form 311-MISC	9.		
10. Enter Other Tax Credits (see instructions)	10.		
11. Remaining Business Tax Credits taken on this return – Add Lines 5 through 10.	11.		
12. Enter Total Tax after Remaining Business Tax Credits (If Line 3 is greater than or equal to zero, subtract Line 11 from Line 3)	12.		
13. If Line 12 is less than zero, enter amount of credit carryforward to next year's return	13.		

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

SECTION I – COMPLETE ONLY IF *LICENSED* SUBSEQUENT TO 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 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

SCHEDULE C-1
COMPANIES OTHER THAN LIFE
CALCULATION OF NJ TAXABLE FIRE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6

COMPLETE THIS SCHEDULE IN THE EVENT, THE TAXPAYER IS ELIGIBLE FOR AND CHOOSES TO CALCULATE THEIR NEW JERSEY TAXABLE PREMIUMS APPLYING THE 12.5% PREMIUM TAX CAP AS PER N.J.S.A. 54:18A-6 AND IS SUBJECT TO THE NEW JERSEY FOREIGN FIRE TAX AS PER N.J.S.A. 54:18-1. THE TAXPAYER MUST APPLY THE 12.5% PREMIUM TAX CAP IN THE SAME MANNER TO THEIR WORLDWIDE FIRE PREMIUMS, IN ARRIVING AT NEW JERSEY TAXABLE FIRE PREMIUMS.

SECTION I – COMPLETE ONLY IF *LICENSED* SUBSEQUENT TO June 30, 1984

**WORLDWIDE FIRE 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 FIRE PREMIUMS	(B) 12.5 % OF AMOUNT IN COLUMN (A)
1. TOTAL Fire Premiums on all Policies of the company and its affiliates.		

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

WORLDWIDE FIRE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE FIRE PREMIUMS	(B) 12.5 % OF AMOUNT IN COLUMN (A)
1. TOTAL Fire Premiums on all Policies of the company		

FOREIGN OR ALIEN 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 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. **Port of entry**— A Line has been added at the middle of the first page for alien insurers to indicate their port of entry.
3. **Email address** has replaced the Contact Person's Fax number on the Front Page of the return.
4. **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 C.
5. **Note Regarding Other Taxes, Obligations and Fees in Calculating the Retaliatory Tax Due:** If a taxpayer includes other taxes, obligations, and fees paid to The Department of Banking and Insurance on Schedule A (Page 2), Line 24 "Total Tax", in calculating its Retaliatory Tax obligation, they may credit those amounts on Schedule A (Page 2) Line 31 "Other Credits". A detailed breakdown of the credits taken must be attached. If other taxes, obligations, and fees are not included in Line 24 for the Retaliatory Tax calculation, no credit is allowed.
6. **Business Tax Credits** requested on Schedule A, require the original New Jersey Division of Taxation tax credit/transfer certificate, along with a cover letter summarizing the credits and copies of the applicable completed tax credit forms must be submitted, by mail, to the New Jersey Division of Taxation, Office of Legislative Analysis and Disclosure at P.O. Box 269, Trenton, NJ 08646-0269. **DO NOT INCLUDE THEM WITH THE RETURN.**
7. **Other Business Tax Credits:** On Schedule BTC, Line 11 provides for any valid business tax credit(s) allowable in accordance with the New Jersey Insurance Premium Tax that were not enacted at the time that this packet was printed. Any tax credit(s) claimed on this Line must follow the same Business Tax Credit procedure.
8. **Other Credits** on Schedule A, include, but are not limited to, Insurance Premium Tax credits, such as the Special Purpose Assessment/Fraud Assessment for Retaliatory Tax calculation purposes, require supporting documentation in the form of copies of the assessment and the check issued in payment of the assessment. These documents **MUST** be submitted with the return or the credit will be denied.
9. **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.
10. **Balance of Tax Liability Due** - If there is an amount on Line 28, or 29, other than "0", use that amount. Otherwise, use Line 27, in calculating Line 33, Balance of Tax Liability Due.
11. **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.
12. **Overpayments** Any refundable overpayment indicated on Line 38 must first be applied to the prepayment due June 1st before any refund will be issued.

CHANGES TO THE TAX FORM

1. Lines have been added and line numbers and captions have been moved and or changed below Line 16.
2. Schedules have been added in accordance with changes to the Insurance Premium Tax.
 - a. **Schedule BTC** (Summary of Business Tax Credits) has been added to accommodate business tax credits applied against the Insurance Premium Tax.
 - b. **Schedule C-1 Companies Other Than Life - Calculation Of NJ Taxable Fire Premiums** – In the event a taxpayer is eligible to apply the 12.5% Premium Tax Cap and is subject to the NJ Fire Tax, it must apply the 12.5% Premium Tax Cap to its fire premiums in the same manner.

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

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

If the company was licensed in this State 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, Line 3, Column B, the company does not qualify to use this limitation. Taxable premiums are those indicated on Schedule A, Column 3, Line 12.

If the company was licensed in this State on or after June 30, 1984, and the amount indicated at 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 are to be entered on Schedule A, Column 3 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 in this State 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, Column 3, Line 12, enter the amounts from Column B on Schedule A, Column 3, applicable Line(s) (13, 14). If the amount indicated on Section II, Column B, Line 3, *is not less* than taxable premiums indicated on Schedule A, Column 3, Line 12, taxable premiums are those indicated on Schedule A, Column 3, Line 12.

INSTRUCTIONS FOR COMPLETING SCHEDULE C

1. This schedule is to be completed only by those companies eligible to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% Premium Tax Cap Limitation).
2. If the company was licensed in this State, on or after June 30, 1984, complete both Section I and Section II.
3. If the company was licensed in this State, prior to June 30, 1984, complete only Section II.
4. 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.

5. When completing Section 1, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section 1.
6. **Schedule A, Lines 1 to 12 must be completed by ALL TAXPAYERS.**

**CALCULATING NEW JERSEY TAXABLE FIRE PREMIUMS
PROVIDED IN N.J.S.A. 54:18-1**

If calculating New Jersey Taxable Premiums as per N.J.S.A. 54:18A-2 or 3, New Jersey Taxable Fire Premiums are as Schedule B, Column 4 Line 48. Enter this amount on Schedule A Column 1 Line 6.

In the event a taxpayer is eligible for and chooses to calculate their New Jersey Taxable Premiums applying the 12.5% Premium Tax Cap as per N.J.S.A. 54:18A-6 and is subject to the New Jersey Foreign Fire Tax as per N.J.S.A. 54:18-1, the taxpayer must apply the 12.5% Premium Tax Cap in this same manner, in arriving at New Jersey Taxable Fire Premiums. The taxpayer must complete **Schedule C-1 – Companies Other than Life Calculation of NJ Taxable Fire Premiums As Provided in N.J.S.A. 54:18A-6. Enter the capped premiums amount on Schedule A (Page 2), Column 3, Line 17 to calculate the capped premium tax liability.** For additional information see IPT Notice at <http://www.state.nj.us/treasury/taxation/pdf/IPTNotice.pdf>.

CALCULATING RETALIATORY TAX – SCHEDULE A LINE 26

When Schedule A Line 16 “Total Tax” is arrived at by using Schedule C Section II, the 12.5% limitation cap is not taken into account in the Retaliatory Tax computation, as per *American Fire & Casualty Company v. New Jersey Division of Taxation-Decided October 19, 2006*. Computation of the Retaliatory Tax on Schedule A, Line 25 is the same whether you calculate Line 16 using, Line 12 or Line 15. The calculation is as follows: the Excess of Column 4 Line 12 *plus* Line 24 over Column 5 Line 12 *plus* Line 24.

**BUSINESS TAX CREDITS – SCHEDULE A LINES 28 & 29
SCHEDULE BTC (NEW)***

To claim these credits on Schedule A, the taxpayer must include, a completed Schedule BTC, along with copies of the appropriate completed tax credit form(s). **Beginning this year**, the original New Jersey Division of Taxation tax credit/transfer certificate(s), along with a cover letter and completed tax credit form(s) must be submitted, by mail, to the New Jersey Division of Taxation, Office of Legislative Analysis and Disclosure at P.O. Box 269, Trenton, NJ 08646-0269 **and are not to be included with the return.** Failure to submit this documentation by mail will result in the delay and/or denial of the tax credit claimed.

BALANCE OF TAX LIABILITY DUE – LINE 33

If there is an amount on Line 28 or 29, other than “0”, use that amount. Otherwise, use Line 27, in calculating Line 33, Balance of Tax Liability Due.

CALCULATING PREPAYMENT – SCHEDULE A LINE 36

If the Total Tax on Line 16 was calculated using Schedule C, Section II, then the prepayment on Schedule A, Line 34 is to be computed as follows: Multiply the prepayment base by 12.5% then by 2.1%. Fifty percent of this figure is the prepayment. Attach a copy of your worksheet showing the calculation of the prepayment, to the return:

Total Worldwide Premiums	A \$ _____
Total Worldwide New Jersey Fire Premiums	B \$ _____
Worldwide Premium prepayment base (Line A minus Line B)	\$ _____

If the Total Tax on Line 16 was calculated using Schedule A, Line 12 then the prepayment on Schedule A, Line 34, is computed as follows: Fifty percent of the sum of Column 5, Line 5 plus Line 11.

ELECTRONIC FUNDS TRANSFERS & REMITTANCE INSTRUCTIONS

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 tax are required to remit 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 New Jersey Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

When remitting payments by EFT, the Total Amount Due indicated at Line 37 must be transmitted in one transaction with an applicable year of **2017** and **Return Period Ending date coded as 171231**. A separate transaction for the prepayment tax liability due March 1st Line 36 is not required. The Prepayments of Tax liability due March 1st and June 1st will be applied automatically against the succeeding years’ tax liability, when that Insurance Premium Tax Return is processed.

WHEN CODING THE EFT REMITTANCE: Return Period Ending MUST read 171231 ((YY) Year, (MM) Month, (DD) Day) for ALL payments associated with the 2017 tax return including the tax liabilities and PREPAYMENT due on June 1. The same procedure must be followed for subsequent tax years, after adjusting the return period ending accordingly.

IMPORTANT NOTES

PAYMENT for the amount indicated at Schedule A, Line 37 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.