

2017

FOREIGN OR ALIEN COMPANIES

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
Life Insurance Companies**

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.

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)

STATE OF INCORPORATION	(1) Life Insurance	(2) Annuity Considerations	(3) Individual Accident & Health	(4) Group Accident & Health	(5) Other Explain	(6) Other Explain	(7) TOTAL
1 . Premiums Per Schedule T (Attach reconciliation if different)							
2 . Dividends paid in Cash: excluding \$ dividends on Qualified Pension Plans							
3 . Dividends used for renewal; excluding \$ dividends on Qualified Pension Plans							
4 . Dividends left on deposit; excluding \$ dividends on Qualified Pension Plans							
5 . Life premiums on Qualified Pension Plans							
6 . All Other explain **							
7 . Total deductions Lines 2 thru 6							
8 . Taxable Premiums Line 1 less Line 7							
9 . Tax Rate							
10 . Tax Line 8 X 9							
STATE OF NEW JERSEY *							
(Attach a copy of New Jersey State page of Annual Statement as filed with the New Jersey Department of Banking and Insurance)							
11 . Premiums Per Schedule T (Attach reconciliation if different)		XXXXXX			XXXXXX		
12 . Dividends paid in Cash: excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
13 . Dividends used for renewal; excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
14 . Dividends left on deposit; excluding \$ dividends on Qualified Pension Plans		XXXXXX			XXXXXX		
15 . Life premiums on Qualified Pension Plans (Attach documentation)		XXXXXX			XXXXXX		
16 . All Other explain		XXXXXX			XXXXXX		
17 . Total deductions Lines 12 thru 16		XXXXXX			XXXXXX		
18 . Taxable Premiums Line 11 less Line 17		XXXXXX			XXXXXX		
19 . Tax Rate	2.1%	XXXXXX	2.1%	1.05%	XXXXXX		
20 . Tax Line 18 X 19		XXXXXX			XXXXXX		

* Even if the premium basis for the State of Incorporation and the State of New Jersey are the same, Lines 11 to 17 must be completed.

** Supporting Documentation MUST be enclosed.

A copy of New Jersey State page, and, Schedule T, as filed with the NAIC, must be attached.

Schedule B – Summary of Taxes and Other Obligations

		(1) State of Incorporation Tax		(2) State of New Jersey Tax	
21. Total Life Tax Sch. A Col. 1, Line 10 -- Carry to Col. (1) Total Life Tax Sch. A Col. 1, Line 20 -- Carry to Col. (2)					
22. Total Annuity Tax Sch. A, Col. 2, Line 10 -- Carry to Col. (1)				XXXXXXXXXXXX	
23. Total Ind. A&H Tax Sch. A, Col. 3, Line 10 -- Carry to Col. (1) Total Ind. A&H Tax Sch. A, Col. 3, Line 20 -- Carry to Col. (2)					
24. Total Group A&H Tax Sch. A, Col. 4, Line 10 -- Carry to Col. (1) Total Group A&H Tax Sch. A, Col. 4, Line 20 -- Carry to Col. (2)					
25. Total Other Tax Sch. A Col. 5, Line 10 -- Carry to Col. (1)				XXXXXXXXXXXX	
26. Total Other Tax Sch. A Col. 6, Line 10 -- Carry to Col. (1) Total Other Tax Sch. A Col. 6, Line 20 -- Carry to Col. (2)					
27. Total Lines 21 to 26 Col. 1 and 2 (Should agree with Sch. A Col. 7 Line 10 and 20 respectively)					
TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6					
NOT If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule E - Calculation of Taxable Premiums as Provided in N.J.S.A. 54:18A-6 - must be completed.					
Type	Sch. E. Sec. II Col. B Total Premiums	Foreign Rate	Tax	New Jersey Rate	Tax
28. Life				2.1%	
29. Individual A & H				2.1%	
30. Group A & H				1.05%	
31. Total (Lines 28 thru 30)		XXXXXX		XXXXXX	
32. Total Tax (Lesser of Line 27 or 31, Sch.B Col. 1 and 2)					
All other taxes, fees and obligations:		State of Incorporation Tax		State of New Jersey Tax	
33. Company License				XXXXXXXXXXXX	
34. Filing Fees				XXXXXXXXXXXX	
35. Income Tax (Attach Schedule)				XXXXXXXXXXXX	
36.					
37. Other * (Attach Supporting Documentation)					
38.					
39. Total All Other -- (Lines 33 thru 38, col. 1 & 2)					
40. Total Tax -- (Lines 32 plus 39, col. 1 & 2)					
41. Retaliatory Tax -- (see instructions)			XXXXXXXXXXXX		
42. Total Tax Due -- (Line 40 col. 2 plus Line 41 col. 2)			XXXXXXXXXXXX		
CALCULATION OF TOTAL AMOUNT DUE					
43. Total Tax after Refundable Business Tax Credits (See Schedule BTC - If Line 3 is less than zero "0", enter the overpayment amount, otherwise "0") **					
44. Total Tax after Remaining Business Tax Credits (See Schedule BTC - If Line 12 is greater than zero "0", enter the tax amount, otherwise "0") **					
45. Other Credits * -- Insurance Premium Tax Credits- Attach Supporting Documentation					
46. Guaranty Fund Assessment Credit (from Schedule D, Page 4 Line 8) *					
47. Total Tax Credits (Total of Line 45 through 46)					
48. Balance of Tax Liability Due - Line 42, 43 or 44 Less Line 47 (See instructions)					
49. Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year					
50. Balance Due (Line 48 less Line 49)					
51. Prepayment of Tax liability due March 1st - (50% of Line 32, Column (2))					
52. Total Amount Due State of New Jersey (Line 50 plus Line 51)					
53. If Line 50 plus Line 51 is less than zero enter the amount of the overpayment					
54. Amount of Line 53 to be applied to Prepayment of Tax liability due June 1st (see instructions)					
55. The amount of Line 53 to be refunded (If Line 53 plus Line 54 is less than zero)					
56. 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.)					

PAYMENT OF THE AMOUNT INDICATED AT LINE 51 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.

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 (DOBI) on Schedule B Line 40 "Total Tax," in calculating its Retaliatory Tax obligation, they may credit those amounts on Schedule B Line 43 "Other Credits." A detailed breakdown of the credits taken must be attached. If other taxes, obligations and fees are not included in Line 40 for the Retaliatory Tax calculation, no credit is allowed.

* Requires proof of payment included with return (i.e., copies of cancelled checks; Class B Certificate of Contribution).

** 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 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 D-CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT

Eligibility-Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a Class B Certificate of Contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessments were paid, except that no member insurer may offset its premium tax liability by more than 20% of its tax liability in any one year. **Be sure to include proof of payment for all assessments listed below.**

YEAR ASSESSMENT PAID	YEARS IN WHICH A CREDIT FOR AN ASSESSMENT CAN BE CLAIMED (CREDIT IS 10% OF ASSESSMENT)							AMOUNT OF ASSESSMENT	MAXIMUM ALLOWABLE CREDIT 10% OF ASSESSMENT
	1	2	3	4	5	6	7		
2010	XX	XX	2013	2014	2015	2016	2017		1.
2011	XX	XX	2014	2015	2016	2017	2018		2.
2012	XX	XX	2015	2016	2017	2018	2019		3.
2013	XX	XX	2016	2017	2018	2019	2020		4.
2014	XX	XX	2017	2018	2019	2020	2021		5.
Maximum Credit Available for this Return (add Lines 1 through 5 above)									6.
Enter 20% of the tax liability reported on Schedule B, Line 32 Column 2									7.
Enter the lesser of Line 6 or 7 here and on Schedule B, Line 45 Column 2									8.

SCHEDULE E LIFE INSURANCE COMPANIES 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. Life Insurance Premiums of Company and all of its Affiliates			
2. Individual Accident & Health Insurance Premiums of Company and all of its Affiliates			
3. Group Accident & Health Insurance Premiums of Company and all of its Affiliates			
4. TOTAL			

SCHEDULE E-cont'd

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. Life Insurance premiums		
2. Individual Accident & Health Insurance Premiums		
3. Group Accident & Health Insurance Premiums		
4. TOTAL		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 28, 29 AND 30 OF SCHEDULE B, PLEASE REFER TO THE INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

FOREIGN OR ALIEN COMPANIES 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 Persons Fax number on the Front Page of the return.
4. When completing Schedules A & B of the return, give your attention to the following instructions.
 - a. Express tax rates inserted by taxpayers in percentage and not decimal format. (2.25%, **NOT** .0225 or 2¼.)
 - b. Only place one number in each cell. When completing State of Incorporation taxes on Schedule A (Lines 1-10), there must be only one tax rate attributable to the taxable premiums reported at Line 8 of each column. If the premiums usually included at Line 8 of a particular column are taxed at different rates in the taxpayer's home state then they must be placed in separate columns when completing Lines 1 to 10. The taxpayer should use Column 5 and/or 6 to report any premiums taxed at different rates. A schedule should be attached indicating the types of premiums included in Column 5 and/or 6. If further columns are required, then a separate schedule should be attached. However, please note that Line 27, Column 1 of Schedule B must include the total of all taxes reported at Line 10 of Schedule A, including any listed on a separate schedule.
5. **Schedule A**—Please note - Schedule A, including Lines 1 to 20, must be completed by all taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule E.
6. **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 B, Line 40 "Total Tax", in calculating its Retaliatory Tax obligation, they may credit those amounts on Schedule B Line 45 "Other Credits". A detailed breakdown of the credits taken must be attached. If other taxes, obligations and fees are not included in Line 40 for the Retaliatory Tax calculation, no credit is allowed.
7. **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 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.**
8. **Other Business Tax Credits:** 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.
9. **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.
10. **Guaranteed Fund Assessment Credit** – requested on Schedule B require a legible copy of the Guaranty Fund Class B Certificate of Contribution with Account Summary Detail and copy of the check issued in payment, as supporting documentation for the credit requested. The documentation **MUST** be submitted with the return for the credit to be approved.
11. **All credits** requested on Schedule B, require supporting documentation as proof of payment (i.e., copy of the front and back of the cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
12. **Balance of Tax Liability Due** - If there is an amount on Line 43 or 44, other than "0", use that amount. Otherwise, use Line 42, in calculating Line 48, Balance of Tax Liability Due.
13. **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.
14. **Overpayments** – Any refundable overpayment indicated on Line 53 must first be applied to the Prepayment of tax due June 1st before any refund will be issued.

CHANGES TO THE TAX FORM

1. Lines, line numbers, and captions have been added or changed below Line 42, in accordance with changes to the Insurance Premium Tax.
2. Schedule BTC (Summary of Business Tax Credits) has been added to accommodate business tax credits applied against the Insurance Premium Tax.

CALCULATING RETALIATORY TAX – SCHEDULE B LINE 41

When Schedule B, Line 32 “Total Tax” is arrived at by using Schedule E, Section II, the 12.5% Limitation Cap is not to be 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 41 is the same whether calculating Line 32 using Schedule B, Line 27 or Line 31. The computation is as follows: the Excess of Schedule B, Column 1 Line 27 *plus* Line 39 over Column 2, Line 27 *plus* Line 39.

BUSINESS TAX CREDITS – SCHEDULE B LINE 43 & 44 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, along with a cover letter, and copy (ies) of the applicable 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 48

Balance of Tax Liability Due - If there is an amount on Line 43, or 44, other than “0”, use that amount. Otherwise, use Line 42, in calculating Line 48, Balance of Tax Liability Due.

INSTRUCTIONS FOR COMPLETING SCHEDULE E

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% 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 are to be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 20.
5. When completing Section I, attach a separate schedule listing each affiliate and its applicable premiums used in completing Column A.
6. **Schedule B, Lines 21 to 27 must be completed by ALL TAXPAYERS.**

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

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 on Section I, Column C, Line 4 **is not greater than** the amount indicated on Section I, Column B, Line 4, the company does not qualify to use this limitation. Taxable premiums are those indicated on Schedule A, Line 20.

If the company was licensed in this State, on or after June 30, 1984, and the amount indicated on Section I, Column C, Line 4, **is greater than** the amount indicated on Section I, Column B, Line 4, taxable premiums are the amounts indicated on Section II, Column B. These amounts are to be entered on Schedule B, applicable Line(s) (28, 29, and 30).

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 4, **is less than** taxable premiums indicated on Schedule A, Line 20, enter the amounts from Section II, Column B, Line 4, on Schedule B, applicable Line(s) (28, 29, 30). If the amount indicated on Section II, Column B, Line 4, **is not less than** taxable premiums indicated on Schedule A, Line 20, taxable premiums are those indicated on Schedule A, Line 20.

ELECTRONIC FUNDS TRANSFERS & REMITTANCE INSTRUCTION

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 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.

If remitting payment by EFT, the Total Amount Due indicated at Line 52 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 51 is not required. The Prepayments of Tax liability due March 1st and June 1st will be credited automatically against the succeeding years’ tax liability, when that year’s 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 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 B, Line 52 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 DOBI.

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 Surcharge) these amounts must be submitted under separate cover to the address indicated on the notice for the particular fee, surcharge, etc., and **MUST NOT** be included with the Insurance Premium Tax Return.

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