NCDOR
Web
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IB-83
Gross Premiums Tax Return
Risk Purchasing Group

For tax year beginning *(MM-DD-YY)* __-__-__ and ending *(MM-DD-YY)* __-__-__

DOR Use Only __/__/__

Legal Name *(First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Mailing Address

City **State** **Zip Code**

Name of Contact Person **Phone Number** **State of Domicile**

Federal Employer ID Number

NAIC Number

Fill in circle if applicable:
○ Payment has been made through electronic funds transfer (EFT) ○ Amended Return

Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year __-__-__

Computation of Gross Premiums Tax

1.	**N.C. Gross Premiums on Insurance Purchased During Calendar Year from Surplus Agents or Brokers**	▶ 1.	.00
2.	**Gross Premiums Tax** Multiply Line 1 by 5.0%	2.	.00
3.	**N.C. Gross Premiums on Insurance Purchased During Calendar Year from Licensed Insurance Companies**	▶ 3.	.00
4.	**Gross Premiums Tax** Multiply Line 3 by 1.9%	4.	.00
5.	**Gross Premiums Tax Due for the Risk Purchasing Group** Add Line 2 and Line 4	▶ 5.	.00
6.	**Tax Credit** *(Attach applicable forms)*	▶ 6.	.00
7.	**Gross Premiums Tax Liability** Line 5 minus Line 6	▶ 7.	.00
8.	**Installments Paid by:** *(Fill in applicable circle)* ○ Surplus lines agents or brokers ○ Licensed insurance companies ○ Risk purchasing group	▶ 8.	.00
9.	**Balance of Gross Premiums Tax Due** Line 7 minus Line 8, but not less than zero. If less than zero, enter amount on Line 12.	9.	.00
10.	**a. Penalties** ▶ .00 **b. Interest** ▶ .00		*(See www.ncdor.gov for current interest rate and penalty information)*
11.	**Total Gross Premiums Tax Due** Add Lines 9, 10a and 10b	11.	$ .00
12.	**Overpayment**	▶ 12.	.00
13.	**Amount of Line 12 to be Applied to 2018 Gross Premiums Tax**	▶ 13.	.00
14.	**Gross Premiums Tax to be Refunded** Line 12 minus Line 13	14.	.00

If tax due is not paid by the risk purchasing group you ***must*** attach a schedule showing the name of each insurer and each type of insurer from which insurance has been purchased. A statement from each insurer listed certifying that the tax due as calculated on this return is being reported and paid by the insurer ***must*** also be attached.

Signature: _____ **Title:** _____ **Date:** _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Returns are due by the 15th day of the 3rd month following the end of the calendar year. Your check or money order must be in the form of U.S. currency from a domestic bank.

N.C. Department of Revenue, Insurance Premiums Tax Unit, P.O. Box 25000, Raleigh, North Carolina 27640-0300