



Instructions For Handwritten **Forms**

Guidelines



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





NCDOR Web 1-19 IB-43 Gross Premiums Tax Return Self-Insured Workers' Compensation Corporation

		DOR Use Only
For tax year beginning (MM-DD-YY) = = and ending (MM-DD-YY) =		
Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		
Mailing Address		
City State Zip Code	Fed	deral Employer ID Number
Name of Contact Person Phone Number State of Domicile		
Fill in circle if applicable: O Payment has been made through electronic funds transfer (EFT) O Amended Return		
If Company Ceased to be Self-Insured in North Carolina During the Year Enter Effect	tive Date	
Part 1. Computation of Gross Premiums Tax		
1. Adjusted Taxable Premiums (From Part 5)	· 1.	,
2. Gross Premiums Tax Multiply Line 1 by 2.5%	2.	,
 Tax Credits a. Guaranty Fund (Credit cannot exceed tax amount on Line 2. Attach 2018 Guaranty Assessment Tax Credit Available notice in support of credit claimed.) 	→ 3a.	
b. CD-425 and NC-478 Tax Credits (Attach applicable forms)	3b.	
4. Gross Premiums Tax Liability Line 2 minus Line 3a and 3b, but not less than zero	· 4.	,
5. Prior Year Credit Applied to 2018 (From Part 4, Line 1, Column 1)	· 5.	,
6. Gross Premiums Tax Installment Payments (From Part 4, Line 5, Column 1)	6.	,
 Balance of Gross Premiums Tax Due Line 4 minus Lines 5 and 6, but not less than zero. If less than zero, enter amount on Line 10. 	7.	,
8. a. Penalties .00 b. Interest .00	(: inte	See <u>www.ncdor.gov</u> for current rest rate and penalty information)
9. Total Gross Premiums Tax Due Add Lines 7, 8a and 8b	9. \$,
10. Overpayment	10.	,
11. Amount of Line 10 to be Applied to 2019 Gross Premiums Tax	· 11.	,
12. Gross Premiums Tax to be Refunded Line 10 minus Line 11	12.	,,
Signature: Title:		Date:

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.

I certify that, to the best of my knowledge, this return is accurate and complete.

age 2, Form IB-4	3, Web, 1-19 Lega	I Name		FEIN	
Part 2. Comp	outation of Insurar	nce Regulatory Charge			
13. Gross Prem (From Part 1	niums Tax Liability 1, Line 2)		•	13.	,
	Regulatory Charge e 13 by 6.5%			14.	,
	Credit Applied to 2018 4, Line 1, Column 2)		•	15.	
	Regulatory Charge Ins 4, Line 5, Column 2)	tallment Payments	>	16.	,0
	Insurance Regulatory as Lines 15 and 16, but no	Charge Due ot less than zero. If less than zero		17.	,
18. a. Penalties	s >	■ •00 b. Interest ▶		(See <u>www.ncdo</u> interest rate and p	o <u>r.gov</u> for current penalty information)
	ance Regulatory Charg 7, 18a and 18b		19.	\$,
20. Overpayme	ent		> :	20.	,
21. Amount of l	Line 20 to be Applied	to 2019 Insurance Regulatory (Charge	21.	,
22. Insurance F	Regulatory Charge to b	oe Refunded		22.	,
Line 20 minu	ıs Line 21			-, -, ,	
Line 20 minu				-, -, ,	, , , , , ,
Part 3. Amou 23. Total Paymo Add Line 9 a	unt Due ent Due for 2018	yment in one part cannot be use	d to offset 23.	•	,
Part 3. Amou 23. Total Payme Add Line 9 a amount due	unt Due ent Due for 2018 and Line 19 (An overpa	yment in one part cannot be use		\$, -
Part 3. Amou 23. Total Payme Add Line 9 a amount due	unt Due ent Due for 2018 and Line 19 (An overpa			\$,
Part 3. Amou 23. Total Payme Add Line 9 a amount due Part 4. Install 1. Prior Year C (Gross Prem	ent Due for 2018 and Line 19 (An overpain the other part.) Iment Payments Note to 2018 and Line 19 (An overpain the other part.)	flade (Do not include any negati	ive amounts or amounts from Lir	\$,0
Part 3. Amou 23. Total Paymo Add Line 9 a amount due Part 4. Install 1. Prior Year C (Gross Prem (Insurance R 2. Installment (Gross Prem	ent Due for 2018 and Line 19 (An overpain the other part.) Iment Payments Note to 2018 and Line 19 (An overpain the other part.) Credit Applied to 2018 and Applied	Made (Do not include any negati 3-43, Part 1, Line 11) n prior IB-43, Part 2, Line 21) 5, 2018	ive amounts or amounts from Lir	\$,
Part 3. Amou 23. Total Payme Add Line 9 a amount due Part 4. Install 1. Prior Year C (Gross Prem (Insurance R 2. Installment (Gross Prem (Insurance R 3. Installment (Gross Prem (Gross Prem (Gross Prem (Gross Prem	ent Due for 2018 and Line 19 (An overpalin the other part.) Iment Payments Note that Tax - from prior IB Regulatory Charge - from Payment made April 1 niums Tax - from IB-44, IR Regulatory Charge - from Payment made June 1 niums Tax - from IB-44, Iniums Tax - from IB-44	### Adde (Do not include any negations of the second secon	ive amounts or amounts from Lir	\$, 0
Part 3. Amou 23. Total Paymo Add Line 9 a amount due Part 4. Install 1. Prior Year C (Gross Prem (Insurance R 2. Installment (Gross Prem (Insurance R 3. Installment (Gross Prem (Insurance R 4. Installment (Gross Prem	ent Due for 2018 and Line 19 (An overpain the other part.) Iment Payments Note that I was a simulated and the second and the other part.) Iment Payments Note that I was a simulated and the second and	Made (Do not include any negation 143, Part 1, Line 11) In prior IB-43, Part 2, Line 21) 5, 2018 Part 1, Line 4) In IB-44, Part 2, Line 10) Is, 2018 Part 1, Line 4) In IB-44, Part 2, Line 10) Is 15, 2018 Part 1, Line 4) In IB-44, Part 2, Line 10) Is 15, 2018	ive amounts or amounts from Lir	\$, 0

Page 3, Form IB-43, Web, 1-19 Legal Name FEI	N
--	---

b Class Description	Job Class	Taxable Percentage (00.00000%)	Payroll Amount	Taxable Premi
		Tota	l Taxable Premiums	
	Appro	ved Experience	Modification Factor	
	Т	otal Adjusted Ta	xable Premiums \$	