Do Not Include This Page



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.



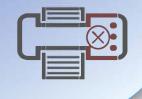
Printing



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

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



Before Sending



Do not submit photocopies of returns. Submit originals only.





IB-53 Gross Premiums Tax Return for:

	1-20	GIUSS FIEIII		licable circle:				
0	Self-Insured Worker	s' Compensation Group		enance Organization	0	Hospital or Dental Service Corporation		
	tax year beginning (/			ig (MM-DD-YY) =	=	DOR Use Only		
Legal N	ame (First 35 Characters)	(USE CAPITAL LETTERS FOR YO	OUR NAME AND ADDRESS)					
Mailing Address				-	Federal Employer ID Number			
City				State Zip Code	-	<u> </u>		
Name of Contact Person Phone Number State of Domicile				e	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								
Part 1. Computation of Gross Premiums Tax (A copy of Schedule T and the State Business Page must be attached along with a reconciliation schedule explaining any differences in the premiums listed on the tax return, the North Carolina Business Page, and Schedule T.)								
1.	Taxable Premium	s Written in N.C. During (Calendar Year		▶ 1.			
2.		Fax (Self-Insured Workers' C nization and Hospital or Den						
3.		(Credit cannot exceed tax a < Credit Available notice in s			► 3a.			
	b. CD-425 and NC	C-478 Tax Credits (Attach	applicable forms)		▶ 3b.			
4.	Gross Premiums Line 2 minus Line 3	Tax Due 3a and 3b, but not less tha	n zero		▶ 4.			
5.	Prior Year Credit A (From Part 4, Line				▶ 5.			
6.	Gross Premiums (From Part 4, Line	Tax Installment Payment 5, Column 1)	S		► 6.			
7.		Premiums Tax Due 5 and 6, but not less than ze	ero. If less than zero, er	iter amount on Line 10.	7.			
8.	a. Penalties 🕨) b. Interest b	· · · · · · · · · · · · · · ·	00	(See <u>www.ncdor.gov</u> for current interest rate and penalty information)		
9.	Total Gross Prem Add Lines 7, 8a an				^{9.} \$			
10.	Overpayment				10.			
11.	Amount of Line 10	0 to be Applied to 2020 G	ross Premiums Tax		▶ 11.			
12.	Gross Premiums	Tax to be Refunded			▶ 12.			

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

____ 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.

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

Pa	t 2. Computation of Insurance Regulatory Charge				
13.	Gross Premiums Tax Liability (From Part 1, Line 2)		▶ 13.		
14.	Insurance Regulatory Charge Liability Multiply Line 13 by 6.5%		14.		
15.	Prior Year Credit Applied to 2019 (From Part 4, Line 1, Column 2)		▶ 15.		
16.	Insurance Regulatory Charge Installment Payments (From Part 4, Line 5, Column 2)		▶ 16.		
17.	Balance of Insurance Regulatory Charge Due Line 14 minus Lines 15 and 16, but not less than zero. If less than zero, et	17.			
18.	a. Penalties			(See <u>www.ncdor.gov</u> for current interest rate and penalty information)	
19.	Total Insurance Regulatory Charge Due Add Lines 17, 18a and 18b		19. \$		
20.	Overpayment		▶ 20.		
21.	Amount of Line 20 to be Applied to 2020 Insurance Regulatory Ch	arge	▶ 21.	.,,	
22.	Insurance Regulatory Charge to be Refunded Line 20 minus Line 21		22 00		
Pa	rt 3. Amount Due				
23.	Total Payment Due for 2019 Add Lines 9 and 19 <i>(An overpayment in one Part cannot be used to of due in the other Part)</i>	fset amount	23. \$		
Pa	art 4. Installment Payments Made (Do not include any negativ	e amounts or amounts from	Line 1 o	n Lines 2-4)	
		(1) Gross Premium	s Tax	(2) Insurance Regulatory Charge	
1.	Prior Year Credit Applied to 2019 (Gross Premiums Tax - from prior IB-53, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-53, Part 2, Line 21)				
2.	Installment Payment made April 15, 2019 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)				
3.	Installment Payment made June 15, 2019 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)				
4.	Installment Payment made October 15, 2019 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)				
5.	Total Installment Payments Made in 2019 Add Lines 2 through 4				

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