



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
1-21

IB-43
Gross Premiums Tax Return
Self-Insured Workers' Compensation Corporation

| Fo | tax year beginning (MM-DD-YY) = and ending (M | M-DD-YY) = | | DOR Use Only |
|--------|--|----------------------|----------|--|
| Legal | Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) | | | J L |
| Mailin | g Address | | | |
| City | SI | ate Zip Code | Fed | eral Employer ID Number |
| Name | of Contact Person Phone Number | State of Domicile | | |
| | | | | |
| 0 | II in circle if applicable: Payment has been made through electronic funds transfer (EFT) Amended Return | | | |
| If (| Company Ceased to be Self-Insured in North Carolina During t | he Year Enter Effect | ive Date | |
| Pa | rt 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. | |
| 3. | Tax Credits a. Guaranty Fund (Credit cannot exceed tax amount on Line 2. Attach 2020 Assessment Tax Credit Available notice in support of credit claimed.) | O Guaranty | 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 2020 (From Part 4, Line 1, Column 1) | • | 5. | , |
| 6. | Gross Premiums Tax Installment Payments (From Part 4, Line 5, Column 1) | • | 6. | , |
| 7. | Balance of Gross Premiums Tax Due Line 4 minus Lines 5 and 6, but not less than zero. If less than zero, ente | r amount on Line 10. | 7. | , |
| 8. | a. Penalties b. Interest | | | ee <u>www.ncdor.gov</u> for current est 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 2021 Gross Premiums Tax | > | 11. | |
| 12. | Gross Premiums Tax to be Refunded Line 10 minus Line 11 | | 12. | , |
| Print | ed Name: | Title: | | |
| Sign | ature: I certify that, to the best of my knowledge, this return is accurate and complete. | 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. Electronic filing of returns is not available.

| _ | 2, Form IB-43, Web, 1-21 Legal Name | | FEIN |
|-----------------|---|---------------------------------|--|
| Pa | t 2. Computation of Insurance Regulatory Charge | | |
| 13. | Gross Premiums Tax Liability (From Part 1, Line 2) | ▶ 13 | .,, |
| 14. | Insurance Regulatory Charge Multiply Line 13 by 6.5% | 14 | · . , , |
| 15. | Prior Year Credit Applied to 2020 (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, | 17 enter amount on Line 20. | .,, |
| 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 2021 Insurance Regulatory C | charge ≥ 21 | .,, |
| 22. | Insurance Regulatory Charge to be Refunded Line 20 minus Line 21 | 22 | 0 |
| | | | • • |
| Pa | t 3. Amount Due | | |
| | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) | I to offset 23. | |
| 23. | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used | | |
| 23. | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) | | |
| 23. Pa | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) T 4. Installment Payments Made (Do not include any negative Prior Year Credit Applied to 2020 (Gross Premiums Tax - from prior IB-43, Part 1, Line 11) | re amounts or amounts from Line | 1 on Lines 2-4) |
| 23. Pa | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) Tt 4. Installment Payments Made (Do not include any negative Prior Year Credit Applied to 2020 | re amounts or amounts from Line | 1 on Lines 2-4) |
| 23. Pa 1. | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) Tt 4. Installment Payments Made (Do not include any negative Prior Year Credit Applied to 2020 (Gross Premiums Tax - from prior IB-43, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-43, Part 2, Line 21) Installment Payment made April 15, 2020 (Gross Premiums Tax - from IB-44, Part 1, Line 4) | re amounts or amounts from Line | 1 on Lines 2-4) |
| 23. Pa 1. 2. | Total Payment Due for 2020 Add Line 9 and Line 19 (An overpayment in one part cannot be used amount due in the other part.) Tt 4. Installment Payments Made (Do not include any negative Prior Year Credit Applied to 2020 (Gross Premiums Tax - from prior IB-43, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-43, Part 2, Line 21) Installment Payment made April 15, 2020 (Gross Premiums Tax - from IB-44, Part 1, Line 4) (Insurance Regulatory Charge - from IB-44, Part 2, Line 10) Installment Payment made June 15, 2020 (Gross Premiums Tax - from IB-44, Part 1, Line 4) | re amounts or amounts from Line | 1 on Lines 2-4) |

| Page 3, Form IB-43, Web, 1-21 | Legal Name | FEIN |
|-------------------------------|------------|------|
|-------------------------------|------------|------|

| Job Class Description | Job Class | Taxable Percentage (00.00000%) | Payroll Amount | Taxable Premiu |
|-----------------------|-----------|--------------------------------------|---------------------|----------------|
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| | | Tota | l Taxable Premiums | |
| | Appro | ved Experience | Modification Factor | |
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