2006 Gross Premium Tax Return Health Maintenance Organization

North Carolina Department of Revenue

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

		Fill in circle if applicable:
Mailing Address		 Payment has been made through electronic funds transfer (EFT)
City	State Zip Code	
		Federal Employer ID Number
Name and title of person responsible for the computation of this return	Phone Number (Include area code)	-
Part 1. Computation of Gross Premium Tax		_

1.	Taxable premiums written in North Carolina during calendar year	1.	<u>.</u>	
2.	Gross premium tax Multiply Line 1 by 1% (.01)	2.		
3.	Tax credits a. Guaranty Fund (Not to exceed Line 2)	3a.	· · · · ·	
	b. NC-478	3b.		
	Gross premium tax due Line 2 minus Line 3a and 3b, but not less than zero	4.	· · · · ·	
5.	2006 gross premium tax installments previously paid (Including any overpayment applied from 2005)	5.	· · · ·	
6.	Balance of gross premium tax due Line 4 minus Line 5, but not less than zero. If less than zero, enter amount on Line 7	6.	<u>.</u>	
7.	Overpayment	7.	,	
8.	Amount of Line 7 applied to first installment of 2007 gross premium tax	8.	· · · ·	
9.	Gross premium tax to be refunded Line 7 minus Line 8	9.		
Par	t 2. Computation of Insurance Regulatory Charge			
10.	Insurance regulatory charge basis Multiply Line 1 by 1.9% (.019)	10.		
11.	Insurance regulatory charge due Multiply Line 10 by 5.5% (.055)	11.		
12.	2006 insurance regulatory charge installments previously paid (Including any overpayment applied from 2005)	12.		<u> </u>
13.	Balance of insurance regulatory charge due Line 11 minus Line 12, but not less than zero. If less than zero, enter amount on Line 14	13.	<u> </u>	
14.	Overpayment	14.		.00
	Amount of Line 14 applied to first installment of 2007 insurance regulatory charge	15.	,	.00
	Insurance regulatory charge to be refunded Line 14 minus Line 15	16. 	· · · · ·	•00
Par	t 3. Amount Due			
17.	Total due Add Lines 6 and 13 <i>(An overpayment in one Part cannot be used to offset amount due in the other Part)</i>	^{17.} \$ _	,.	
Sian	ature:		Date:	

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

Make check or money order in U.S. currency payable to N.C. Department of Revenue. This return is due by March 15th. MAIL TO: N.C. Department of Revenue, Insurance Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300