## **IB-73**

Web 5-07

## 2006 Gross Premium Tax Return Hospital or Dental Service Corporation

I-B Insurance

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	electroriic	Turius transier (Er 1)	
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)				
Par	t 1. Computation of Gross Premium Tax	- -		
1.	Taxable premiums written in North Carolina during calendar year	1.	00	
2.	Gross premium tax Multiply Line 1 by 1.9% (.019)	2.		
3.	Tax credits a. Guaranty Fund (Not to exceed Line 2)	3a.		
	b. NC-478	3b.		
4.	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.	<b>.</b>	
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.	00	
7.	Overpayment	7.		
8.	Amount of Line 7 applied to first installment of 2007 gross premium tax	8.	00	
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 due Multiply Line 2 by 5.5% (.055)	10.	00	
11.	2006 insurance regulatory charge installments previously paid (Including any overpayment applied from 2005)	11.		
12.	Balance of insurance regulatory charge due Line 10 minus Line 11, but not less than zero. If less than zero, enter amount on Line 13	12.	00	
13.	Overpayment	13.		
14.	Amount of Line 13 applied to first installment of 2007 insurance regulatory charge	14.	00	
15.	Insurance regulatory charge to be refunded Line 13 minus Line 14	15.	<b>.</b> •00	
Dor	t 3. Amount Due	_		
	Total due	Φ.	22	
	Add Lines 6 and 12 (An overpayment in one Part cannot be used to offset amount due in the other Part)	16. \$	.,,	
Sian	ature: Title:		Date:	
Signa	ature:		Date:	