

2006 Gross Premium Tax Return

Risk Purchasing Group

North Carolina Department of Revenue

**I-B
Insurance**

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

Mailing Address

City

State

Zip Code

Name and title of person responsible for the computation and filing of this return

Phone Number (Include area code)

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT)

Federal Employer ID Number

Computation of Gross Premium Tax

1. N.C. gross premiums on insurance purchased during calendar year from surplus agents or brokers	1.	<input type="text"/>	.00
2. Gross premium tax Multiply Line 1 by 5.0% (.05)	2.	<input type="text"/>	.00
3. N.C. gross premiums on insurance purchased during calendar year from licensed insurance companies	3.	<input type="text"/>	.00
4. Gross premium tax Multiply Line 3 by 1.9% (.019)	4.	<input type="text"/>	.00
5. Gross premium tax due for the risk purchasing group Line 2 plus Line 4	5.	<input type="text"/>	.00
6. Tax Credit (Attach Form NC-478)	6.	<input type="text"/>	.00
7. Gross premium tax due Line 5 minus Line 6	7.	<input type="text"/>	.00
8. Installments paid by: (Fill in applicable circle) <input type="radio"/> Surplus lines agents or brokers <input type="radio"/> Licensed insurance companies <input type="radio"/> Risk purchasing group	8.	<input type="text"/>	.00
9. Balance of gross premium tax due Line 7 minus Line 8, but not less than zero. If less than zero, enter amount on Line 10	9.	\$ <input type="text"/>	.00
10. Overpayment	10.	<input type="text"/>	.00
11. Amount of Line 10 applied to first installment of 2007 gross premium tax	11.	<input type="text"/>	.00
12. Gross premium tax to be refunded Line 10 minus Line 11	12.	<input type="text"/>	.00

If tax due is not paid by the risk purchasing group you **must** attach a schedule showing the name of each insurer and each type of insurer from which insurance has been purchased. A statement from each insurer listed certifying that the tax due as calculated on this return is being reported and paid by the insurer **must** also be attached.

Signature: _____ Title: _____ 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 the N.C. Department of Revenue.
This return is due by March 15th.**

**MAIL TO: North Carolina Department of Revenue, Insurance Premium Tax Unit,
P.O. Box 25000, Raleigh, North Carolina 27640-0300**