IB-53		Gross Premium Tax Return for:							
Web 12-13		O Self-Insured Workers' Compensation Group	Fill in applicable circle: - O Health Maintenance Organization	 Hospital or D Service Corp 					
		North Care	olina Department of I	Revenue					
For tax year beginning (MM-DD-YY) = and ending (MM-DD-YY) / /									
Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)									
Mailing Address Federal Employer ID Number									
City			State Zip Co	de					
Name of	f Contact Person	Phone Number	L L L L L L L_	of Domicile	NAIC Number				
Fill in circle if applicable: O Payment has been made through electronic funds transfer (EFT) O Amended Return									
Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year									
Part 1. Computation of Gross Premium 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 Premiums Wr	itten in N.C. During Calendar Y	/ear	▶ 1.					
 Gross Premium Tax (Self-Insured Workers' Compensation Group - multiply Line 1 by 2.5%; Health Maintenance Organization and Hospital or Dental Service Corporation - multiply Line 1 by 1.9%.) 									
3.		lit cannot exceed tax amount on L dit Available notice in support of cr		► 3a.					
	b. CD-425 and NC-478	3 Tax Credits (Attach applicable	forms)	► 3b.					
4.	Gross Premium Tax D Line 2 minus Line 3a ar	ue nd 3b, but not less than zero		▶ 4.					
5.	Prior Year Credit Appl (From Part 4, Line 1, Co			► 5.					
6.	Gross Premium Tax Ir (From Part 4, Line 5, Co	•		▶ 6.					
7.	Balance of Gross Pred Line 4 minus Lines 5 and	nium Tax Due I 6, but not less than zero. If less t	nan zero, enter amount on Lir	7. ne 10.					
8.	a. Penalties 🕨 📖		nterest 🕨		(See <u>www.dornc.com</u> for current interest rate and penalty information)				
9.	Total Gross Premium Add Lines 7, 8a and 8b	Tax Due		^{9.} \$					
10.	Overpayment			10.					
11.	Amount of Line 10 to	be Applied to 2014 Gross Prem	ium Tax	▶ 11.					
12.	Gross Premium Tax to Line 10 minus Line 11	be Refunded		▶ 12.					

Signature: _____ Title: ______ Title: ______ Title: _____ Title: ______ Title: _____ Title: ______ Title: _____ 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 Premium Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300

Pa	t 2. Computation of Insurance Regulatory Charge								
13.	Gross Premium Tax Liability (From Part 1, Line 2)		▶ 13.	,,,					
14.	Insurance Regulatory Charge Liability Multiply Line 13 by 6.0%			,,					
15.	Prior Year Credit Applied to 2013 (From Part 4, Line 1, Column 2)			.00					
16.	Insurance Regulatory Charge Installment Payments (From Part 4, Line 5, Column 2)			,,					
17.	Balance of Insurance Regulatory Charge Due Line 14 minus Lines 15 and 16, but not less than zero. If less than zero, en	17.	,,						
18.	a. Penalties	in	(See <u>www.dornc.com</u> for current terest rate and penalty information)						
19.	Total Insurance Regulatory Charge Due (Add Lines 17, 18a and 18b)		^{19.} \$ _	,,					
20.	Overpayment		▶ 20.	, , , . 00					
21.	Amount of Line 20 to be Applied to 2014 Insurance Regulatory Cha	irge	▶ 21.	,,,					
22.	Insurance Regulatory Charge to be Refunded Line 20 minus Line 21		22.	,,					
Part 3. Amount Due									
23.	Total Payment Due for 2013 Add Lines 9 and 19 (An overpayment in one Part cannot be used to offset amount due in the other Part) 23. \$								
Part 4. Installment Payments Made (Should not include any negative amounts)									
		(1) Gross Premium	n Tax	(2) Insurance Regulatory Charge					
1	Prior Year Credit Applied to 2013								
2	Installment Payment made April 15, 2013 (Do not include amount on Line 1)								
3.	Installment Payment made June 15, 2013 (Do not include amount on Line 1)								
4	Installment Payment made October 15, 2013 (Do not include amount on Line 1)								

5. Total Installment Payments Made in 2013 Add Lines 2 through 4