

**IB-54**

Web  
12-13

**Installment Payment for:**

Fill in applicable circle:

Self-Insured Workers' Compensation Group     Health Maintenance Organization     Hospital or Dental Service Corporation

**North Carolina Department of Revenue**

Installment Due Date (MM-DD-YY) \_\_\_\_\_

DOR Use Only  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address \_\_\_\_\_

**Federal Employer ID Number**  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ State of Domicile \_\_\_\_\_

**NAIC Number**  
\_\_\_\_\_

**Fill in circle if applicable:** Payment has been made through electronic funds transfer (EFT)

**Part 1. Computation of Gross Premium Tax Installment** (If prior total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required.)

- 1. **Total Gross Premium Tax Liability**  
(From prior Form IB-53, Part 1, Line 4) ▶ 1. \_\_\_\_\_ .00
- 2. **Gross Premium Tax Installment Due**  
Multiply Line 1 by 33 1/3% (.3333) ▶ 2. \_\_\_\_\_ .00
- 3. **Overpayment of Gross Premium Tax to be Applied as Credit**  
(From prior Form IB-53 or prior installment form) ▶ 3. \_\_\_\_\_ .00
- 4. **Net Gross Premium Tax Installment Due**  
(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.) ▶ 4. \_\_\_\_\_ .00
- 5. a. Penalties ▶ \_\_\_\_\_ .00    b. Interest ▶ \_\_\_\_\_ .00  
(See [www.dornc.com](http://www.dornc.com) for current interest rate and penalty information)
- 6. **Total Gross Premium Tax Installment Due**  
(Add Lines 4, 5a and 5b) ▶ 6. \$ \_\_\_\_\_ .00

**Part 2. Computation of Insurance Regulatory Charge Installment**

- 7. **Total Insurance Regulatory Charge Liability**  
(From prior Form IB-53, Part 2, Line 14) ▶ 7. \_\_\_\_\_ .00
- 8. **Insurance Regulatory Charge Installment Due**  
Multiply Line 7 by 33 1/3% (.3333) ▶ 8. \_\_\_\_\_ .00
- 9. **Overpayment of Insurance Regulatory Charge to be Applied as Credit**  
(From prior Form IB-53 or prior installment form) ▶ 9. \_\_\_\_\_ .00
- 10. **Net Insurance Regulatory Charge Installment Due**  
(Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.) ▶ 10. \_\_\_\_\_ .00
- 11. a. Penalties ▶ \_\_\_\_\_ .00    b. Interest ▶ \_\_\_\_\_ .00  
(See [www.dornc.com](http://www.dornc.com) for current interest rate and penalty information)
- 12. **Total Insurance Regulatory Charge Installment Due**  
(Add Lines 10, 11a and 11b) ▶ 12. \$ \_\_\_\_\_ .00

**Part 3. Amount of Installment Due**

- 13. **Total Installment Due**  
(Add Lines 6 and 12. If amount on either of these lines is less than zero, do not include in total due.) ▶ 13. \$ \_\_\_\_\_ .00

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.

**Installments are due April 15th, June 15th and October 15th of each taxable 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