IB-25 Web 1-09

Installment Payment - June 15, 2009 Title Companies

North Carolina Department of Revenue

I-B Insurance

Legal	Name				
				Fed	leral Employer ID Number
Mailin	g Address				
					MAION
					NAIC Number
City		State	Zip Code		
				F	ill in circle if applicable:
Name	f Contact Person Phone Number State of I		State of Domicile	Payment has been made through	
)			ectronic funds transfer (EFT)
Par	t 1. Computation of Gross Premium Tax Inst		08 total gross premiui	m tax liability	was less than \$10,000, do not
	complete this form; installment payments are not requ	ired.)			
4	2008 Total Gross Premium Tax Liability				
١.	(From Form IB-23, Schedule B, Part 3, Line 5)			1.	
2	Gross Premium Tax Installment Due			_	
۷.	Multiply Line 1 by 33 1/3% (.3333)			2.	
3.	2008 Overpayment of Gross Premium Tax to be Applied as Credit				
	(If amount on Form IB-24, Part 1, Line 4 is less than zero, enter the amount here; otherwise			3.	
	enter zero.)				
4.	Net Gross Premium Tax Installment Due (Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to the third installment.)			4.	\$
— Par	t 2. Computation of Insurance Regulatory C	harge Install	ment		
- 41	t 2. Computation of insurance regulatory of	ilarge ilistan			
5	2008 Total Insurance Regulatory Charge Liability (From Form IB-23, Schedule C, Line 2)			_	
٥.				5.	
6	Insurance Regulatory Charge Installment Due				
0.	Multiply Line 5 by 33 1/3% (.3333)			6.	
7.	2008 Overpayment of Insurance Regulatory Charge to	be Applied as	Credit		
	(If amount on Form IB-24, Part 2, Line 8 is less than zero, enter the amount here; otherwise				
	enter zero.)				
8.	Net Insurance Regulatory Charge Due (Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to				\$
	the third installment.)				Ψ
Dar	t 3. Amount of Installment Due				
- ai	t 3. Amount of installment bue				
9.	 Total June 15, 2009 Installment Due (Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.) 			. ф	
				9. \$	
	•				
Signa	ture: Certify that, to the best of my knowledge, this return is accurate and communication.	Title:			Date:

Your check or money order must be in the form of U.S. currency from a domestic bank.