

**IB-74**

Web  
1-09

**Installment Payment - April 15, 2009  
Hospital or Dental Service Corporation**

North Carolina Department of Revenue

**I-B  
Insurance**

Legal Name

Mailing Address

City

State

Zip Code

Name of Contact Person

Phone Number

**Federal Employer ID Number**

**Fill in circle if applicable:**

- Payment has been made through electronic funds transfer (EFT)

**Part 1. Computation of Gross Premium Tax Installment** *(If 2008 total gross premium tax liability was less than \$10,000, do not complete this form; installment payments are not required.)*

- |   |    |                                 |
|---|----|---------------------------------|
| <b>1. 2008 Total Gross Premium Tax Liability</b><br><i>(From Form IB-73, Part 1, Line 4)</i>  | 1. | <input type="text"/>            |
| <b>2. Gross Premium Tax Installment Due</b><br>Multiply Line 1 by 33 1/3% (.3333)   | 2. | <input type="text"/>            |
| <b>3. 2008 Overpayment of Gross Premium Tax to be Applied as Credit</b><br><i>(From Form IB-73, Part 1, Line 8)</i>   | 3. | <input type="text"/>            |
| <b>4. Net Gross Premium Tax Installment Due</b><br><i>(Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)</i> | 4. | <input type="text" value="\$"/> |

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

- |   |    |                                 |
|---|----|---------------------------------|
| <b>5. 2008 Total Insurance Regulatory Charge Liability</b><br><i>(From Form IB-73, Part 2, Line 10)</i>   | 5. | <input type="text"/>            |
| <b>6. Insurance Regulatory Charge Installment Due</b><br>Multiply Line 5 by 33 1/3% (.3333)   | 6. | <input type="text"/>            |
| <b>7. 2008 Overpayment of Insurance Regulatory Charge to be Applied as Credit</b><br><i>(From Form IB-73, Part 2, Line 14)</i>  | 7. | <input type="text"/>            |
| <b>8. Net Insurance Regulatory Charge Due</b><br><i>(Line 6 minus Line 7. If less than zero, any remaining overpayment should be applied to subsequent installments.)</i> | 8. | <input type="text" value="\$"/> |

**Part 3. Amount of Installment Due**

- |  |    |                                 |
|--|----|---------------------------------|
| <b>9. Total April 15, 2009 Installment Due</b><br><i>(Add Lines 4 and 8. If amount on either of these lines is less than zero, do not include in total due.)</i> | 9. | <input type="text" value="\$"/> |
|--|----|---------------------------------|

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

**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