

Instructions for Handwritten Forms

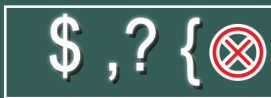
Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



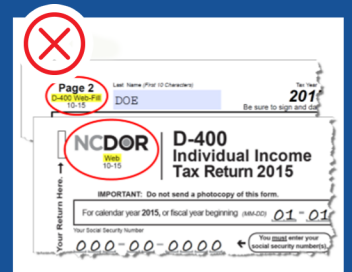
Before You Send



Do not submit photocopies of returns. Submit originals only.



Do not mix form types



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



IB-53

Gross Premiums Tax Return for:

Fill in applicable circle: Self-Insured Workers' Compensation Group Health Maintenance Organization Hospital Service Corporation Prepaid Health Plan

For tax year beginning (MM-DD-YY) _____ and ending (MM-DD-YY) _____

DOR Use Only

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

Mailing Address

City State Zip Code

Name of Contact Person Phone Number State of Domicile

Federal Employer ID Number

NAIC Number

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

Date of Withdrawal if Company Surrendered Certificate of Authority to do Business in NC During the Year _____

Schedule A. Summary of Amount Due	
1. Total 2024 Gross Premiums Tax Liability Due (From Schedule B, Part 2, Line 8)	1. _____ .00
2. Total 2024 Insurance Regulatory Charge Due (From Schedule C, Line 18)	2. _____ .00
3. Total Payment Due for 2024 Add Line 1 and Line 2	3. \$ _____ .00

The following must be attached to this return:

- 2024 Schedule T from the Annual Statement
- 2024 North Carolina Business Page

The following must be attached if applicable (check all that apply):

- Reconciliation schedule explaining any differences in the premiums listed on the tax return, the North Carolina Business Page, and Schedule T
- 2024 Guaranty Assessment Tax Credit Available notice from either the North Carolina Life & Health Insurance Guaranty Association or the North Carolina Insurance Guaranty Association
- Schedule in support of any supplemental workers' compensation tax credits claimed
- Form CD-425, NC-478 and applicable series schedules in support of tax credits claimed

Printed Name: _____ Title: _____

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

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. Electronic filing of returns is not available.

Schedule B. Calculation of Gross Premiums Tax

Part 1. North Carolina Basis Gross Premiums Tax *(Multiply NC Taxable Premiums by the Applicable Tax Rate)*

	NC Taxable Premiums	Tax Rate	Tax Computed on NC Basis
1. Self-Insured Workers' Compensation Group ▶	_____ .00	2.5%	_____ .00
2. Health Maintenance Organization ▶	_____ .00	1.9%	_____ .00
3. Hospital Service Corporation ▶	_____ .00	1.9%	_____ .00
4. Prepaid Health Plan ▶	_____ .00	1.9%	_____ .00
5. Total Add Lines 1 through 4 ▶	_____ .00		_____ .00

Part 2. Computation of Gross Premiums Tax

1. Gross Premiums Tax Computed on NC Basis <i>(From Schedule B, Part 1, Total Tax Computed)</i>	1.	_____ .00
2. Tax Credits		
a. Guaranty Fund <i>(Credit cannot exceed tax amount on Line 1. Attach 2024 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)</i> ▶	2a.	_____ .00
b. CD-425 and NC-478 Tax Credits <i>(Attach applicable forms)</i> ▶	2b.	_____ .00
3. Gross Premiums Tax Due Line 1 minus Line 2a and 2b, but not less than zero ▶	3.	_____ .00
4. Prior Year Credit Applied to 2024 <i>(From Schedule D, Line 1, Column 1)</i> ▶	4.	_____ .00
5. Gross Premiums Tax Installment Payments <i>(From Schedule D, Line 5, Column 1)</i> ▶	5.	_____ .00
6. Balance of Gross Premiums Tax Due Line 3 minus Lines 4 and 5, but not less than zero. If less than zero, enter amount on Line 9. ▶	6.	_____ .00
7. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00		
<i>(See ncdor.gov for current interest rate and penalty information)</i>		
8. Total Gross Premiums Tax Due Add Lines 6, 7a and 7b	8. \$	_____ .00
9. Overpayment	9.	_____ .00
10. Amount of Line 9 to be Applied to 2025 Gross Premiums Tax ▶	10.	_____ .00
11. Gross Premiums Tax to be Refunded Line 9 minus Line 10 ▶	11.	_____ .00

Schedule C. Computation of Insurance Regulatory Charge

<p>12. Gross Premiums Tax Liability <i>(From Schedule B, Part 1, Total Tax Computed)</i></p>	▶	12. _____ .00
<p>13. Insurance Regulatory Charge Liability Multiply Line 12 by 2.0%</p>		13. _____ .00
<p>14. Prior Year Credit Applied to 2024 <i>(From Schedule D, Line 1, Column 2)</i></p>	▶	14. _____ .00
<p>15. Insurance Regulatory Charge Installment Payments <i>(From Schedule D, Line 5, Column 2)</i></p>	▶	15. _____ .00
<p>16. Balance of Insurance Regulatory Charge Due Line 13 minus Lines 14 and 15, but not less than zero. If less than zero, enter amount on Line 19.</p>		16. _____ .00
<p>17. a. Penalties ▶ _____ .00 b. Interest ▶ _____ .00</p>		(See ncdor.gov for current interest rate and penalty information)
<p>18. Total Insurance Regulatory Charge Due Add Lines 16, 17a and 17b</p>		18. \$ _____ .00
<p>19. Overpayment</p>	▶	19. _____ .00
<p>20. Amount of Line 19 to be Applied to 2025 Insurance Regulatory Charge</p>	▶	20. _____ .00
<p>21. Insurance Regulatory Charge to be Refunded Line 19 minus Line 20</p>		21. _____ .00

Schedule D. Installment Payments Made *(Do not include any negative amounts or amounts from Line 1 on Lines 2-4)*

	(1) Gross Premiums Tax	(2) Insurance Regulatory Charge
<p>1. Prior Year Credit Applied to 2024 (Gross Premiums Tax - from prior IB-53, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-53, Part 2, Line 21)</p>		
<p>2. Installment Payment made April 15, 2024 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</p>		
<p>3. Installment Payment made June 15, 2024 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</p>		
<p>4. Installment Payment made October 15, 2024 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)</p>		
<p>5. Total Installment Payments Made in 2024 Add Lines 2 through 4</p>		