Do Not Include This Page

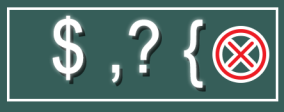
NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Instructions for Handwritten Forms

Guidelines

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

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



Printing

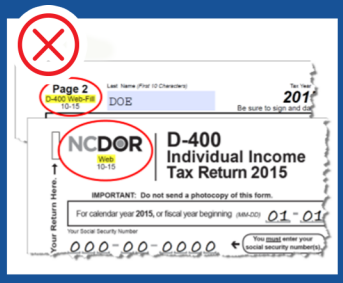
Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

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

Before You Send

Do not submit photocopies of returns. Submit originals only.

Do not mix form types



NCDOR
Web
11-25

IB-13
Gross Premiums Tax Return
Life, Accident, Health and Title Companies

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**

Contact Person's Email Address

Federal Employer ID Number

NAIC Number

Fill in circle if applicable:
- ○ Payment has been made through electronic funds transfer (EFT)
- ○ Amended Return
- ○ Final 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 2025 Gross Premiums Tax Liability Due** *(From Schedule B, Part 3, Line 10)*	1.	.00
2. **Total 2025 Insurance Regulatory Charge Due** *(From Schedule C, Line 7)*	2.	.00
3. **Total Payment Due for 2025** Add Line 1 and Line 2	3. $	.00

The following must be attached to this return:

2025 Schedule T from the Annual Statement
2025 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
- ○ 2025 Guaranty Assessment Tax Credit Available notice from either the North Carolina Life & Health Insurance Guaranty Association or the North Carolina Insurance Guaranty Association for both Class A and Class B assessments
- ○ 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.

N.C. Department of Revenue, Insurance Premiums Tax Unit, P.O. Box 25000, Raleigh, NC 27640-0300

 Legal Name _____ **FEIN** _____

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. **Life Insurance** ▶	.00	1.9%	.00
2. **Annuities** ▶	.00	0%	.00
3. **Accident and Health** ▶	.00	1.9%	.00
4. **Workers' Comp** ▶	.00	2.5%	.00
5. **All Other Lines** *(attach schedule)* ▶	.00	1.9%	.00
6. **Finance Charges** ▶	.00	1.9%	.00
7. **Total** Add Lines 1 through 6 ▶	.00		.00

Part 2. State of Domicile Basis Gross Premiums Tax *(Enter state of domicile tax rate in the Tax Rate column. Multiply NC Taxable Premiums by the Tax Rate. Attach supplemental schedule showing detail of taxable premiums and tax computation if space provided is inadequate.)*

	NC Taxable Premiums	Tax Rate	Tax Computed on State of Domicile Basis
1. **Life Insurance** ▶	.00	____ %	.00
2. **Annuities** ▶	.00	____ %	.00
3. **Accident and Health** ▶	.00	____ %	.00
4. **Workers' Comp** ▶	.00	____ %	.00
5. **All Other Lines** *(attach schedule)* ▶	.00	____ %	.00
6. **Finance Charges** ▶	.00	____ %	.00
7. **Total** Add Lines 1 through 6 ▶	.00		.00

Part 3. Computation of Gross Premiums Tax

1. **Gross Premiums Tax Computed on NC Basis** *(From Part 1,Total Tax Computed)*	1.	.00
2. **Retaliatory Tax** Part 2, Total Tax Computed minus Part 1, Total Tax Computed, but not less than zero.	2.	.00
3. **Gross Premiums Tax** Line 1 plus Line 2	3.	.00
4. **Tax Credits** a. NC Guaranty Fund Assessment Credit *(From Schedule E, Total; not to exceed Line 3)* ▶	4a.	.00
b. CD-425 and NC-478 Tax Credits *(Attach applicable forms)* ▶	4b.	.00
5. **Gross Premiums Tax Liability** Line 3 minus Lines 4a and 4b, but not less than zero ▶	5.	.00
6. **Prior Year Credit Applied to 2025** *(From Schedule D, Line 1, Column 1)* ▶	6.	.00
7. **Gross Premiums Tax Installment Payments** *(From Schedule D, Line 5, Column 1)* ▶	7.	.00
8. **Balance of Gross Premiums Tax Due** Line 5 minus Lines 6 and 7, but not less than zero. If less than zero, enter amount on Line 11.	8.	.00
9. **a. Penalties** ▶ .00 **b. Interest** ▶ .00	*(See ncdor.gov for current interest rate and penalty information)*	
10. **Total Gross Premiums Tax Due** Add Lines 8, 9a and 9b	10. $	.00
11. **Overpayment** ▶	11.	.00

Part 3. Computation of Gross Premiums Tax *(continued)*

12. Amount of Line 11 to be Applied to 2026 Gross Premiums Tax	▶ 12.	.00
13. Gross Premiums Tax to be Refunded Line 11 minus Line 12	13.	.00

Schedule C. Insurance Regulatory Charge

1. Gross Premiums Tax Liability *(From Schedule B, Part 1, Total Tax Computed)*	▶ 1.	.00
2. Insurance Regulatory Charge Multiply Line 1 by 2.0%	2.	.00
3. Prior Year Credit Applied to 2025 *(From Schedule D, Line 1, Column 2)*	▶ 3.	.00
4. Insurance Regulatory Charge Installment Payments *(From Schedule D, Line 5, Column 2)*	▶ 4.	.00
5. Balance of Insurance Regulatory Charge Due Line 2 minus Lines 3 and 4, but not less than zero. If less than zero, enter amount on Line 8.	5.	.00
6. a. Penalties ▶ .00 **b. Interest** ▶ .00	*(See ncdor.gov for current interest rate and penalty information)*	
7. Total Insurance Regulatory Charge Due Add Lines 5, 6a and 6b	7. $	.00
8. Overpayment	▶ 8.	.00
9. Amount of Line 8 to be Applied to 2026 Insurance Regulatory Charge	▶ 9.	.00
10. Insurance Regulatory Charge to be Refunded Line 8 minus Line 9	10.	.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
1. Prior Year Credit Applied to 2025 (Gross Premiums Tax - from prior IB-13, Sch. B, Part 3, Line 12) (Insurance Regulatory Charge - from prior IB-13, Sch. C, Line 9)		
2. Installment Payment made April 15, 2025 (Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)		
3. Installment Payment made June 15, 2025 (Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)		
4. Installment Payment made October 15, 2025 (Gross Premiums Tax - from IB-14, Part 1, Line 4) (Insurance Regulatory Charge - from IB-14, Part 2, Line 10)		
5. Total Installment Payments Made in 2025 Add Lines 2 through 4		

Schedule E. Guaranty Association Credit Available *(Credits are available for both Class A and Class B assessments)*

	Assessment Amount	Percentage	Amount of Credit
1. Assessment Year 2020		**20%**	
2. Assessment Year 2021		**20%**	
3. Assessment Year 2022		**20%**	
4. Assessment Year 2023		**20%**	
5. Assessment Year 2024		**20%**	
		Total	