

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.



Printing



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



Do not select “print on
both sides of paper.”



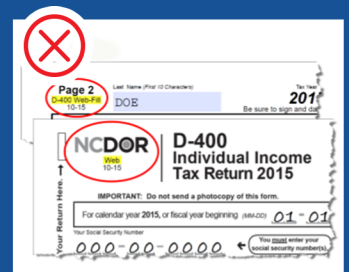
Before You Send



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types





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

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	<input type="text"/> .00	1.9%	<input type="text"/> .00
2. Annuities	<input type="text"/> .00	0%	<input type="text"/> .00
3. Accident and Health	<input type="text"/> .00	1.9%	<input type="text"/> .00
4. Workers' Comp	<input type="text"/> .00	2.5%	<input type="text"/> .00
5. All Other Lines (attach schedule)	<input type="text"/> .00	1.9%	<input type="text"/> .00
6. Finance Charges	<input type="text"/> .00	1.9%	<input type="text"/> .00
7. Total Add Lines 1 through 6	<input type="text"/> .00		<input type="text"/> .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	<input type="text"/> .00	_____ %	<input type="text"/> .00
2. Annuities	<input type="text"/> .00	_____ %	<input type="text"/> .00
3. Accident and Health	<input type="text"/> .00	_____ %	<input type="text"/> .00
4. Workers' Comp	<input type="text"/> .00	_____ %	<input type="text"/> .00
5. All Other Lines (attach schedule)	<input type="text"/> .00	_____ %	<input type="text"/> .00
6. Finance Charges	<input type="text"/> .00	_____ %	<input type="text"/> .00
7. Total Add Lines 1 through 6	<input type="text"/> .00		<input type="text"/> .00

Part 3. Computation of Gross Premiums Tax

1. Gross Premiums Tax Computed on NC Basis (From Part 1, Total Tax Computed)	1.	<input type="text"/> .00
2. Retaliatory Tax Part 2, Total Tax Computed minus Part 1, Total Tax Computed, but not less than zero.	2.	<input type="text"/> .00
3. Gross Premiums Tax Line 1 plus Line 2	3.	<input type="text"/> .00
4. Tax Credits		
a. NC Guaranty Fund Assessment Credit (From Schedule E, Total; not to exceed Line 3)	▶ 4a.	<input type="text"/> .00
b. CD-425 and NC-478 Tax Credits (Attach applicable forms)	▶ 4b.	<input type="text"/> .00
5. Gross Premiums Tax Liability Line 3 minus Lines 4a and 4b, but not less than zero	▶ 5.	<input type="text"/> .00
6. Prior Year Credit Applied to 2025 (From Schedule D, Line 1, Column 1)	▶ 6.	<input type="text"/> .00
7. Gross Premiums Tax Installment Payments (From Schedule D, Line 5, Column 1)	▶ 7.	<input type="text"/> .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.	<input type="text"/> .00
9. a. Penalties ▶ <input type="text"/> .00 b. Interest ▶ <input type="text"/> .00		
10. Total Gross Premiums Tax Due Add Lines 8, 9a and 9b	10. \$	<input type="text"/> .00
11. Overpayment	▶ 11.	<input type="text"/> .00

(See ncdor.gov for current interest rate and penalty information)

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

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	