

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.”



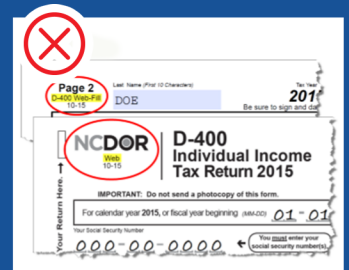
Before You Send



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types



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 ☐ PHP Not Defined in G.S. 58-93-5

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 2, Line 8)	1.	_____	.00
2. Total 2025 Insurance Regulatory Charge Due (From Schedule C, Line 18)	2.	_____	.00
3. Total Payment Due for 2025 Add Line 1 and Line 2	3. \$	_____	.00

The following must be attached to this return (does not apply to PHP Not Defined in G.S. 58-93-5):

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
☐ 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. Self-Insured Workers' Compensation Group ▶	<input type="text"/> .00	2.5%	<input type="text"/> .00
2. Health Maintenance Organization ▶	<input type="text"/> .00	1.9%	<input type="text"/> .00
3. Hospital Service Corporation ▶	<input type="text"/> .00	1.9%	<input type="text"/> .00
4. Prepaid Health Plan ▶	<input type="text"/> .00	1.9%	<input type="text"/> .00
5. Total Add Lines 1 through 4 ▶	<input type="text"/> .00		<input type="text"/> .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.	<input type="text"/> .00
2. Tax Credits		
a. Guaranty Fund <i>(Credit cannot exceed tax amount on Line 1. Attach 2025 Guaranty Assessment Tax Credit Available notice in support of credit claimed.)</i>	▶ 2a.	<input type="text"/> .00
b. CD-425 and NC-478 Tax Credits <i>(Attach applicable forms)</i>	▶ 2b.	<input type="text"/> .00
3. Gross Premiums Tax Due Line 1 minus Line 2a and 2b, but not less than zero	▶ 3.	<input type="text"/> .00
4. Prior Year Credit Applied to 2025 <i>(From Schedule D, Line 1, Column 1)</i>	▶ 4.	<input type="text"/> .00
5. Gross Premiums Tax Installment Payments <i>(From Schedule D, Line 5, Column 1)</i>	▶ 5.	<input type="text"/> .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.	<input type="text"/> .00
7. a. Penalties ▶ <input type="text"/> .00 b. Interest ▶ <input type="text"/> .00		
8. Total Gross Premiums Tax Due Add Lines 6, 7a and 7b	8. \$	<input type="text"/> .00
9. Overpayment	9.	<input type="text"/> .00
10. Amount of Line 9 to be Applied to 2026 Gross Premiums Tax	▶ 10.	<input type="text"/> .00
11. Gross Premiums Tax to be Refunded Line 9 minus Line 10	▶ 11.	<input type="text"/> .00

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

Schedule C. Computation of Insurance Regulatory Charge *(Does not apply to PHP Not Defined in G.S. 58-93-5)*

12. Gross Premiums Tax Liability <i>(From Schedule B, Part 1, Total Tax Computed)</i>	▶	12.	.00
13. Insurance Regulatory Charge Liability Multiply Line 12 by 2.0%		13.	.00
14. Prior Year Credit Applied to 2025 <i>(From Schedule D, Line 1, Column 2)</i>	▶	14.	.00
15. Insurance Regulatory Charge Installment Payments <i>(From Schedule D, Line 5, Column 2)</i>	▶	15.	.00
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.		16.	.00
17. a. Penalties ▶ 	b. Interest ▶ 	(See ncdor.gov for current interest rate and penalty information)	.00
18. Total Insurance Regulatory Charge Due Add Lines 16, 17a and 17b		18. \$.00
19. Overpayment	▶	19.	.00
20. Amount of Line 19 to be Applied to 2026 Insurance Regulatory Charge	▶	20.	.00
21. Insurance Regulatory Charge to be Refunded Line 19 minus Line 20		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
1. Prior Year Credit Applied to 2025 (Gross Premiums Tax - from prior IB-53, Part 1, Line 11) (Insurance Regulatory Charge - from prior IB-53, Part 2, Line 21)		
2. Installment Payment made April 15, 2025 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		
3. Installment Payment made June 15, 2025 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		
4. Installment Payment made October 15, 2025 (Gross Premiums Tax - from IB-54, Part 1, Line 4) (Insurance Regulatory Charge - from IB-54, Part 2, Line 10)		
5. Total Installment Payments Made in 2025 Add Lines 2 through 4		