

## 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.”



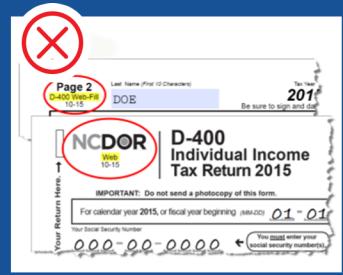
### Before You Send



Do not submit  
photocopies of returns.  
Submit originals only.



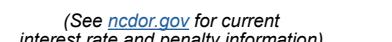
Do not mix form types



**IB-14**  
**Installment Payment**  
**Life, Accident, Health and Title Companies**

Installment Due Date (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
<input type="checkbox"/> <b>Fill in circle if applicable:</b> Payment has been made through electronic funds transfer (EFT)		

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

1. Total Gross Premiums Tax Liability (From prior Form IB-13, Schedule B, Part 3, Line 5)	► 1.  .00
2. Gross Premiums Tax Installment Due Multiply Line 1 by 33 1/3% (.3333)	2.  .00
3. Overpayment of Gross Premiums Tax to be Applied as Credit (From prior Form IB-13 or prior installment form)	► 3.  .00
4. Net Gross Premiums Tax Installment Due (Line 2 minus Line 3. If less than zero, any remaining overpayment should be applied to subsequent installments.)	► 4.  .00
5. a. Penalties ►  .00	b. Interest ►  .00
(See <a href="http://ncdor.gov">ncdor.gov</a> for current interest rate and penalty information)	
6. Total Gross Premiums Tax Installment Due (Add Lines 4, 5a and 5b)	6. \$  .00

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

7. Total Insurance Regulatory Charge Liability Multiply amount on Schedule B, Part 3, Line 1 from prior Form IB-13 by 6.5% (.065)	► 7.  .00
8. Insurance Regulatory Charge Installment Due Multiply Line 7 by 33 1/3% (.3333)	8.  .00
9. Overpayment of Insurance Regulatory Charge to be Applied as Credit (From prior Form IB-13 or prior installment form)	► 9.  .00
10. Net Insurance Regulatory Charge Due (Line 8 minus Line 9. If less than zero, any remaining overpayment should be applied to subsequent installments.)	► 10.  .00
11. a. Penalties ►  .00	b. Interest ►  .00
(See <a href="http://ncdor.gov">ncdor.gov</a> for current interest rate and penalty information)	
12. Total Insurance Regulatory Charge Installment Due (Add Lines 10, 11a and 11b)	12. \$  .00

**Part 3. Amount of Installment Due**

13. Total Installment Due (Add Lines 6 and 12. If amount on either of these lines is less than zero, do not include in total due.)	13. \$  .00
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Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.

Installments are due April 15th, June 15th and October 15th of each taxable year.  
Your check or money order must be in the form of U.S. currency from a domestic bank.

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