Do Not Include This Page

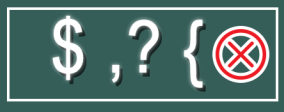
NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

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

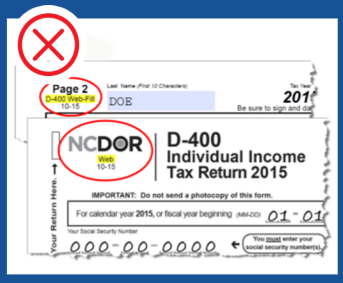
Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

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-34
Installment Payment
Property and Casualty 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**

Federal Employer ID Number

NAIC Number

○ **Fill in circle if applicable:** 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-33, 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-33 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 ncdor.gov for current interest rate and penalty information)*
6. **Total Gross Premium 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 C, Line 3 from prior Form IB-33 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-33 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 ncdor.gov for current interest rate and penalty information)*
12. **Total Insurance Regulatory Charge Installment Due** *(Add Lines 10, 11a and 11b)* 12. $ .00

(continued on Page 2)

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

Part 3. Computation of Additional Property Coverage Tax Installment

13. Additional Tax on Property Coverage Contracts
(From prior Form IB-33, Schedule F, Line 14) ▶ 13. .00

14. Additional Property Coverage Tax Installment Due
Multiply Line 13 by 33 1/3% (.3333) 14. .00

15. Overpayment of Tax on Property Coverage Contracts to be Applied as Credit
(From prior Form IB-33 or prior installment form) ▶ 15. .00

16. Net Additional Property Coverage Tax Due
(Line 14 minus Line 15. If less than zero, any remaining overpayment should be applied to subsequent installments.) ▶ 16. .00

17. a. Penalties ▶ .00 **b. Interest** ▶ .00 *(See ncdor.gov for current interest rate and penalty information)*

18. Total Additional Property Coverage Tax Installment Due
(Add Lines 16, 17a and 17b) 18. $ .00

Part 4. Amount of Installment Due

19. Total Installment Due
(Add Lines 6, 12, and 18. If amount on either of these lines is less than zero, do not include in total due.) 19. $ .00