

## 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.”



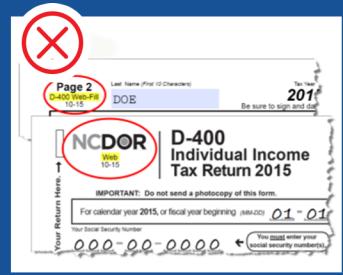
### Before You Send



Do not submit  
photocopies of returns.  
Submit originals only.



Do not mix form types



**IB-54**  
**Installment Payment 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

Installment Due Date (MM-DD-YY)

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

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
2. Gross Premiums Tax Installment Due
3. Overpayment of Gross Premiums Tax to be Applied as Credit
4. Net Gross Premiums Tax Installment Due
5. a. Penalties
5. b. Interest
6. Total Gross Premiums Tax Installment Due

(See [ncdor.gov](http://ncdor.gov) for current interest rate and penalty information)

**Part 2. Computation of Insurance Regulatory Charge Installment** (Does not apply to PHP Not Defined in G.S. 58-93-5)

7. Total Insurance Regulatory Charge Liability
8. Insurance Regulatory Charge Installment Due
9. Overpayment of Insurance Regulatory Charge to be Applied as Credit
10. Net Insurance Regulatory Charge Installment Due
11. a. Penalties
11. b. Interest
12. Total Insurance Regulatory Charge Installment Due

(See [ncdor.gov](http://ncdor.gov) for current interest rate and penalty information)

**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. \$

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