



GROSS PREMIUM TAX
FOR PREMIUMS PAID TO UNAUTHORIZED FOREIGN
INSURANCE COMPANIES, ASSOCIATIONS, EXCHANGES, ETC.

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	CORP TAX ACCOUNT ID _____ _____ (Department Use Only) Date Received _____ FEDERAL ID (EIN) _____ _____ <input type="checkbox"/> Check to indicate a change of address
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Check to send all correspondence to preparer.
 First Report
 Amended Report (See instructions.)
 Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS

POLICIES PURCHASED OR RENEWED DURING MONTH _____ YEAR _____	DUE DATE * _____
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Fill in corresponding self-assessed tax, prepayments, restricted credit, remittance amount and grand totals. * SEE INSTRUCTIONS

TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
	TYPE CODE	BUDGET CODE				
GROSS PREMIUMS - Unauthorized	60	125162				
GRAND TOTALS						

PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID ELECTRONICALLY.

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

- A = Automatically transfer overpayments to other underpaid taxes for the current tax period, then to the next tax period.
- B = Refund overpayment(s) of the current tax period after paying any other underpaid taxes for the current tax period.

By checking the "Amended Report" box on this form, the taxpayer consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer	Title	Date	Telephone Number ()
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I affirm under penalties prescribed by law, this report (including any accompanying schedules and statements) has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

PRINT Individual Preparer or Firm's Name	Signature of Preparer	Fax Number ()
PRINT Individual or Firm's Street Address	Title	Telephone Number ()
City	State	ZIP Code
E-mail Address		

