

**2012 Joint Self-Insurance Tax Return**

Due March 1, 2013

Tax year beginning \_\_\_\_\_ 2012, and ending \_\_\_\_\_

|                                                                                                      |                                    |       |                                               |                                                                                        |
|------------------------------------------------------------------------------------------------------|------------------------------------|-------|-----------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Print or Type</b>                                                                                 | Name of joint self-insurance group |       | Check if new address <input type="checkbox"/> | Check if: <input type="checkbox"/> Amended return <input type="checkbox"/> No activity |
|                                                                                                      | Mailing address                    |       | FEIN                                          | Minnesota tax ID (required)                                                            |
|                                                                                                      | City                               | State | Zip code                                      | Contact person                                                                         |
|                                                                                                      | Email address                      |       | Website address                               | Daytime phone                                                                          |
|                                                                                                      |                                    |       |                                               | Fax number                                                                             |
| For plans operating under: <input type="checkbox"/> Chapter 60F <input type="checkbox"/> Chapter 62H |                                    |       |                                               |                                                                                        |

**Round amounts to the nearest whole dollar**

|                                                                                                           |                                                                                                                |                   |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Determining Tax</b>                                                                                    | <b>1</b> Claims paid, with no deduction for claims wholly or partially reimbursed through stop-loss insurance: |                   |
|                                                                                                           | <b>a Ch. 60F plans:</b> Enter total claims paid <i>during the fund year</i> ..... <b>1a</b> _____              |                   |
|                                                                                                           | <b>b Ch. 62H plans:</b> Enter total claims paid <i>during the fund's fiscal year</i> .. <b>1b</b> _____        |                   |
|                                                                                                           | Total claims paid (add lines 1a and 1b) ..... <b>1</b> _____                                                   |                   |
|                                                                                                           | <b>2</b> Tax percentage rate is 2% .....                                                                       | <b>2</b> _____ 2% |
|                                                                                                           | <b>3</b> Tax liability (multiply line 1 by line 2) .....                                                       | <b>3</b> _____    |
| <b>4</b> Penalty (see instructions) .....                                                                 | <b>4</b> _____                                                                                                 |                   |
| <b>5</b> Interest (see instructions) .....                                                                | <b>5</b> _____                                                                                                 |                   |
| <b>6 TOTAL AMOUNT DUE</b> (add lines 3 through 5) .....                                                   | <b>6</b> _____                                                                                                 |                   |
| Make check payable to Minnesota Revenue. Write your Minnesota tax ID on the check and include PV59.       |                                                                                                                |                   |
| Enter amount paid _____ Date paid _____ (If amount paid is different from line 6, attach an explanation.) |                                                                                                                |                   |

I declare that this return is correct and complete to the best of my knowledge and belief. I confess judgment to the state of Minnesota for the amount of tax shown due to the extent not timely paid.

|                  |                       |                        |      |               |                                                                                                                        |
|------------------|-----------------------|------------------------|------|---------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | Authorized signature  | Title                  | Date | Daytime phone | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer. |
|                  | Signature of preparer | Print name of preparer | Date | Daytime phone |                                                                                                                        |

Mail to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780

# MINNESOTA • REVENUE

## 2012 Form IG263 Instructions

For insurance tax laws, see Minnesota Statutes, Chapter 297I.01 – 297I.95 at [www.leg.state.mn.us](http://www.leg.state.mn.us).

### Who Must File?

File Form IG263 for the following joint self-insurance plans:

- any property and/or casualty or automobile liability (M.S. Chapter 60F),
- certain employer health coverage arrangements (M.S. Chapter 62H).

**For plans operating under Chapter 60F,** the tax is equal to 2 percent of the total amount of claims paid during the fund year, with no deductions for claims wholly or partially reimbursed through stop-loss insurance.

**For plans operating under Chapter 62H,** the tax is equal to 2 percent of the total amount of claims paid during the fund's fiscal year, with no deductions for claims wholly or partially reimbursed through stop-loss insurance.

### Before You File

#### You Need a Minnesota Tax ID

Your Minnesota tax ID is the seven-digit number you're assigned when you register with the Department of Revenue. You must include your Minnesota tax ID on your return so that your filing and any payments you make are properly credited to your account.

If you don't have a Minnesota tax ID, apply online at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) or call 651-282-5225 or 1-800-657-3605.

It is also important to enter your federal ID number, but not in place of your Minnesota tax ID number.

### Due Date

File Form IG263 and pay any tax due by March 1 of each year.

The U.S. postmark date, or date recorded or marked by a designated delivery service, is considered the filing date (private postage meter marks are not valid). When the due date falls on a Saturday, Sunday or legal holiday, returns and payments electronically made or postmarked the next business day are considered timely. When a return or payment is late, the date it is received at the Department of Revenue is treated as the date filed or paid.

**Extension for Filing Return.** If good cause exists, you may request a filing extension.

### Payments

#### Electronic Payments

If your total insurance taxes and surcharges for the last 12-month period ending June 30 is \$10,000 or more, you are required to pay your tax electronically.

You must also pay electronically if you're required to pay *any* Minnesota business tax electronically, such as sales or withholding tax.

To pay over the Internet, go to the department's website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us) and login to e-Services. If you don't have Internet access, call 1-800-570-3329 to pay by phone. You'll need your user name, password and bank routing and account numbers. When paying electronically, you must use an account not associated with any foreign banks.

If you use other electronic payment methods, such as ACH credit method or Fed Wire, instructions are available on our website or by calling Business Registration Office at 651-282-5225 or 1-800-657-3605.

#### Check Payment (Form PV59)

If you are not required to pay electronically and choose to pay by check, complete a PV59 payment voucher and mail it with your check. Write your Minnesota tax ID number on your check.

When you pay by check, your check authorizes us to make a one-time electronic fund transfer from your account, and you may not receive your canceled check.

### Line Instructions

#### Check Boxes

At the top of the form, check if the return is:

- an **Amended Return**: Check only if you are amending a previously filed return for the same period. Include all original and corrected premiums on the amended return.
- for **No Activity**: Check only if you did not have any tax activity during the period.

Also check the appropriate box on the front of the form to indicate your type of entity.

#### Line 4 – Penalty

**Late Payment.** If you don't pay the entire tax by the due date, a late payment penalty is due. The penalty is 5 percent of the

unpaid tax for any part of the first 30 days the payment is late, and 5 percent for each additional 30-day period, up to a maximum of 15 percent.

**Late Filing.** Add a late filing penalty to the late payment penalty if your return is not filed by the due date. The penalty is 5 percent of the unpaid tax. When added to the late payment penalty, the maximum combined penalty is 20 percent.

**Payment Method.** If you are required to pay electronically and do not, an additional 5 percent penalty applies to payments not made electronically, even if a paper check is sent on time.

#### Line 5 – Interest

You must pay interest on the unpaid tax plus penalty from the due date until the total is paid. The interest rate for calendar year 2013 is 3 percent. The interest rate may change for future years.

To figure how much interest you owe, use the following formula with the appropriate interest rate:

$$\text{Interest} = (\text{tax} + \text{penalty}) \times \# \text{ of days late} \times \text{interest rate} \div 365$$

### Business Information Changes

Be sure to let us know within 30 days if you change mailing addresses, phone numbers, or any other business information. To do so, go to our website and click "Update business info" from the e-Services menu. By notifying us, we will be able to let you know of any changes in Minnesota tax laws and filing requirements.

### Information and Assistance

Website: [www.revenue.state.mn.us](http://www.revenue.state.mn.us)

Email: [insurance.taxes@state.mn.us](mailto:insurance.taxes@state.mn.us)

Phone: 651-556-3024 (TTY: Call 711 for Minnesota Relay)

We'll provide information in other formats upon request to persons with disabilities.

**For questions about licensing and regulations,** contact the Minnesota Department of Commerce:

Website: [www.insurance.mn.gov](http://www.insurance.mn.gov)

Email: [companylic.commerce@state.mn.us](mailto:companylic.commerce@state.mn.us)

Phone: 651-296-6319 or 1-800-657-3602 (TTY: Call Minnesota Relay at 711)