2013 Nonadmitted Insurance Premium Tax Return for Direct Procured Insurance

Due M	larch 1, 2014	Check if:	Amended return	No activity										
	Name of insured			Minnesota	tax ID (required)	Contact person								
Print or Type	Mailing address	Check i	f new address	Daytime ph	one	Fax number								
	City	State	Zip code	Email addre	ess	Website address								
	I am licensed to obtain insurance from nonadmitted insurers from			Check	if you are a purchasing	group								
Determining Amount Due	1 Total gross premiums paid (from page 2, Column H)													
	2 Total return premiums received (from page 2, Column H)													
	3 Taxable gross premiums paid (subtract line 2 from line 1)													
	4 Tax rate is 2% (0.02)													
	5 Total gross premiums tax due (multiply line 3 by line 4)													
	6 Penalty (see instructions)													
	7 Interest (see instructions)													
	8 TOTAL AMOUNT DUE (or overpaid) (add lines 5 through 7)													
	If you owe additional tax: Payment method: Electronic payment Check (payable to Minnesota Revenue; write MN tax ID number on check; attach PV58)													
	Enter amount paid Date paid (If amount paid is different from amount due on line 8, attach an explanation.)													
	If you overpaid: Overpayments will be refunded.													
Sign Here	I declare that this return is correct and complete to the best of my knowledge and belief. Signature of insured or officer of corporation Date Date													
					, ,	I authorize the Minnesota Department								
	Signature of preparer Print name of	preparer	C	ate	Daytime phone	of Revenue to discuss this tax return with the preparer.								

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

Minnesota tax ID number

Name of insured

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H Return	Premiums											
G Gross	Premiums Paid											
₽ Amount	Insured										Subtotal (if more than one page)	gross premiums paid of H on page 1, line 1)
E Insurance	Type Code*										Subtotal ($ \begin{tabular}{ll} \textbf{Total gross premiums paid} \\ (\textit{Enter total of Columns G and H on page 1, line 1)} \\ \end{tabular} $
— —	(from to)											
ate of the Insured. C	Policy Number											* les ons of the following code numbare to indicate the incurance type
List all policies where Minnesota is the home state of the Insured. A B C	Name of Insurer											
List all policies w A NAIC	Number											4 9 0 1 1 1

Use one of the following code numbers to indicate the insurance type.

4 Fire

3 Homeowners/Commercial M.P.

⁴ Inland/Ocean marine 2 Extended coverage/Allied lines (Rev. 10/13)

⁵ Accident/Health6 Liability

⁷ Auto **8** Fidelity/Surety

⁹ Burglary/Theft10 Boiler/Machinery

2013 Form IG255 Instructions

For insurance tax laws, see Minnesota Statutes, Chapter 297I at www.leg.state.mn.us.

You must complete and file Form IG255, Statement of Insurance Placed with Nonadmitted Insurers, if you are a person, firm, corporation or purchasing group buying insurance directly from a nonadmitted company.

For 2013, the tax is 2 percent of the gross premiums paid. (M.S. 2971.05)

Filing Requirement

Effective on July 21, 2011, the NRRA (The Nonadmitted and Reinsurance Reform Act of 2010) permits only the insured's home state to require the payment of premium tax for nonadmitted insurance.

When Minnesota is the home state of the insured, as provided under section 297I.05, subd. 7, 100 percent of the gross premiums are taxable in Minnesota with no allocation of the tax to other states.

"Home state" means the state in which an insured maintains its principal place of business, or in the case of an individual, the individual's principal residence.

If 100 percent of the insured risk is located outside of Minnesota, then the insured's home state is the state to which the greatest percentage of the insured's taxable premium for that insurance contract is allocated.

Due Date

You must file Form IG255 and pay any tax due by March 1 of the following year. (M.S. 297I.30, subd. 1)

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 on 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.

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 policies on the amended return.
- for No Activity: Check only if you did not purchase any insurance from unlicensed companies in 2013.

IG255 Page 2 Instructions

Complete page 2 BEFORE page 1.

A. NAIC Number

Enter the NAIC number.

B. Name of Insurer

List the insurers. Include policies for insurance companies without NAIC numbers.

C. Policy Number

The policy number (modified by the month and year that the policy was issued) is the controlling number for reporting direct-procedured insurance policies and any subsequent activity during the policy period, i.e., endorsements, audits and/or cancellations.

D. Date of Coverage

Enter the policy coverage date.

E. Insurance Type Code

Enter the appropriate insurance type code for each policy:

- 1. Fire
- 2. Extended Coverage/Allied Lines
- 3. Homeowners/Commercial M.P.
- 4. Inland/Ocean Marine
- 5. Accident/Health
- 6. Liability
- 7. Auto
- 8. Fidelity/Surety
- 9. Burglary/Theft
- 10. Boiler/Machinery
- 11. Other (Specify)

F. Amount Insured

Enter the amount insured.

G. Gross Premiums Paid

Include all premiums paid by any insured with a home state of Minnesota.

H. Return Premiums

Enter all return premiums received. Include a note indicating on which return the original policy was reported.

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 in all subsequent years.

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** and login. If you don't have Internet access, call 1-800-570-3329 to pay by phone. You'll need your ID number, 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 our Business Registration Office at 651-282-5225 or 1-800-657-3605.

Check Payments (Form PV58)

If you are not required to pay electronically and choose to pay by check, complete a PV58 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.

Penalties and Interest

Late payment. If you don't pay all the tax due 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.

2013 Form IG255 Instructions (Cont.)

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.

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 2014 is 3 percent. The rate may change for future years. To figure how much interest you owe, use the following formula with the appropriate interest rate:

Interest = $(tax + penalty) \times \#$ of days late \times 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, login to e-Services and update your profile information.

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 Email: insurance.taxes@state.mn.us

Phone: 651-556-3024

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

Email: companylic.commerce@state.mn.us Phone: 651-296-6319 or 1-800-657-3602