# D

# 2016 Nonadmitted Insurance Premium Tax Return for Direct Procured Insurance

Мa	rch 1, 2017		Check if:	Check if: Amended Return No Activity Return						
	Name of Insured		Minnesot	a Tax ID (required)	Contact Person					
	Mailing Address	Check if New Add	ress Daytime I	Phone	Fax Number					
	City	State Zip Code	e Email Ado	dress	Website Address					
	I am licensed to obtain insurance from		Chec	k if you are a purchasing	group					
	1 Total gross premiums paid (from page 2, Column G)									
	2 Total return premiums received (from page 2, Column H)									
	3 Taxable gross premiums paid (subtract line 2 from line 1)									
	<b>4</b> Tax rate is 2% (0.02)			4	.02					
	5 Total gross premiums tax due (	multiply line 3 by line 4)		5						
	6 Penalty (see instructions)			6						
	7 Interest (see instructions)									
	8 TOTAL AMOUNT DUE (or overp	oaid) (add lines 5 through 7)		8						
	If you owe additional tax:									
	Payment method: Electronic payment Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucher)									
	Enter amount paid Date paid (If amount paid is different from amount due on line 8, attach an explanation.)									
	If you overpaid: Overpayments	s will be refunded.								
	I declare that this return is correct and complete to the best of my knowledge and belief.									
	Signature of Insured or Officer of Corporation	on	Date	Daytime Phone	I authorize the Minnesota Department					
	Signature of Preparer	Print Name of Preparer	Date	Daytime Phone	of Revenue to discuss this tax return with the preparer.					

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

# **2016 Nonadmitted Insurance Premium Tax Return for Direct Procured Insurance**

ist all policies where Minnesota is the home state of the Insured.											
A NAIC Number	B  Name of Insurer	C Policy Number	<b>D</b> Date of Coverage (from to)	<b>E</b> Insurance Type Code*	<b>F</b> Amount Insured	<b>G</b> Gross Premiums Paid	<b>H</b> Return Premiums				
					Subtotal (if more than one page)						
					Total						
one of the fo	ollowing code numbers to	indicate the insurance	type.								
Fire	3 h verage/Allied lines 4 l	Homeowners/Commerci	al M.P. <b>5</b> Accident/Healt <b>6</b> Liability	h <b>7</b> Auto <b>8</b> Fidelity/Sure	<ul><li>9 Burglary/Theft</li><li>ty 10 Boiler/Machinery</li></ul>	11 Other (spec	cify)				

### 2016 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 if you are a person, firm, corporation, or purchasing group buying insurance directly from a nonadmitted insurance company. If you are working with an insurance broker, the broker is responsible for filing the surplus lines tax return for nonadmitted insurance (Form IG260).

# 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. • a **No Activity Return**: Check only if you did not purchase any insurance directly from unlicensed companies in 2014.

#### **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 electronically, go to the department's website at www.revenue.state.mn.us and log in. If you do not 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**

If you're not required to pay electronically and are paying by check, visit our website at www.revenue.state.mn.us and click on "Make a Payment" and then "By check" to create a voucher. Print and mail the voucher with a check made payable to Minnesota Revenue.

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.

**Note:** If no amount is due or if you pay electronically, do not send in a voucher.

#### **Penalties and Interest**

Late payment. If you do not 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.

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.

# 2016 Form IG255 Instructions (Cont.)

**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 2017 is 4 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

# **Mailing Your Return**

Mail your return and all required attachments to: Minnesota Revenue, Mail Station 1780, St. Paul, MN 55145-1780.

For express deliveries, use our street address: 600 N. Robert St., St. Paul, MN 55101

# **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

This material is available in alternate formats.

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

Website: www.mn.gov/commerce

Email: licensing.commerce@state.mn.us Phone: 651-539-1599 or 1-800-657-3978

Fax: 651-539-0107