2015-2016 Firefighter Relief Surcharge Return

| | (Due April 30) | (Due June 30) | | (Due Nov. 30) | | | |
|---|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|----------------|--------------------------------------|--------------|--|
| _ | | | Check if: | Amended Return | No Activity | | |
| N | lame of Insurance Company | | FEIN | | Minnesota Tax ID (| required) | |
| N | Aailing Address | Check if New Address | ew Address NAIC Number | | State/Country of Incorporation | | |
| c | tity | State Zip Code | Contact Perso | on | | | |
| E | mail Address | Website Address | Daytime Phor | ne | Fax Number | | |
| | Gross fire, lightning and sprinkler- | Duluth | Minneapolis | Roches | ster S | t. Paul | |
| | leakage premiums written (include finance, service and other charges) | 1 | | | | | |
| | 2 Premiums returned to insured, including dividends | 2 | | _ | | | |
| | 3 Net fire, lightning and sprinkler-leakage premiums (subtract line 2 from line 1) | | | | | | |
| | 4 Surcharge by city (multiply line 3 by 2% [.02]) | 4 | | _ | | | |
| | 5 Total surcharge due (or overpaid) (add a | amounts on line 4) | | | 5 | | |
| | 6 Penalty (see instructions) | | | | 6 | | |
| | 7 Interest (see instructions) | | | | 7 | | |
| | 8 TOTAL AMOUNT DUE (or overpaid) (add lines 5 through 7) | | | | | | |
| | If you owe additional tax (make separate payments for each period): | | | | | | |
| | Payment method: Electronic payment Check (payable to Minnesota Revenue; write MN tax ID number on check; attach voucl | | | | | | |
| | Enter amount paid (If amount paid is different from amour | Date paid nt due on line 8, attach an | explanation.) | | | | |
| | If you overpaid: Overpayments will be | refunded. | | | | | |
| 1 | declare that this return is correct and com | plete to the best of my kno | wledge and belief. | | | | |
| A | uthorized Signature Title | Date | | Daytime Phone | I authorize | | |
| S | ignature of Preparer Print Name | of Preparer Date | | Daytime Phone | Departme discuss th the prepar | is tax retur | |

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

2015-2016 Form IG257 Instructions

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

Filing Requirements

All insurers licensed to write fire, lightning or sprinkler leakage insurance in Minnesota must file Form IG257. This surcharge applies to insurance coverage written on risks located in Duluth, Minneapolis, Rochester and St. Paul. A return is required even if no applicable premiums were written in the four cities during the period indicated. (M.S. 297I.10)

The surcharge applies to all additional fire, lightning and sprinkler-leakage premiums unless exempt from the surcharge as explained below. Also include finance, service and other charges.

The surcharge is equal to 2 percent of all fire, lightning and sprinkler-leakage gross premiums, less return premiums on all direct business from property located within Duluth, Minneapolis, Rochester or St. Paul city limits. The surcharge is not collected on premiums for auto or aircraft fire insurance, marine fire insurance, or other property in transit

If a premium is returned to the insured, recalculate the surcharge on the same basis the original surcharge was calculated.

For policies carrying multiple peril premiums, use the following percentages to separately report the fire, lightning and sprinkler-leakage premiums:

| Percentage |
|------------|
| of Premium |
| 35% |
| 35% |
| 55% |
| 35% |
| 35% |
| |

Due Dates

| For period ending | Due Date |
|-------------------|----------|
| March 31 | April 30 |
| May 31 | June 30 |
| October 31 | Nov. 30 |

Submit separate payments for each period.

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 weekend 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 in all subsequent years.

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

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
- a No Activity Return: Check only if you did not write any applicable premiums on risks located in Duluth, Minneapolis, Rochester or St. Paul.

Line 6 - Penalty

Late Payment. If you don't pay the entire surcharge due by the due date, a late payment penalty is due. The penalty is 5 percent of the unpaid surcharge 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 surcharge. 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 7 – Interest

You must pay interest on the unpaid surcharge plus penalty from the due date until the total is paid. The interest rate for calendar year 2016 is 3 percent. To figure how much interest you owe, use the following formula with the appropriate interest rate:

 $Interest = (surcharge + penalty) x # of days late x interest rate <math>\div 365$

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

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.mn.gov/commerce

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

Fax: 651-539-0108