

New Mexico Taxation and Revenue Department  
**Self-Insured Group Tax**  
**Quarterly Return**

NAME OF INSURER:	NAIC NUMBER:
STREET/BOX:	FEIN, SSN, or ITIN:
CITY, STATE, ZIP	E-MAIL:
CONTACT NAME:	PHONE:

**WHO MUST FILE:** The Self-Insured Group Tax pursuant to Section 7-40-3(F) NMSA 1978 is due by any company that has premiums derived from standard premium adjusted by any advance premium discount as defined in the Group-Self Insurance Act (Chapter 52 Article 6). For more information on a self-insured group see the instructions on the next page. The Self-Insured Group Tax pursuant to Section 7-40-7(C) NMSA 1978 must be paid on a quarterly basis. The Self-Insured Group Tax estimated payments and returns are due on April 15, July 15, October 15, and January 15. Estimated payments shall be at least one-fourth or 25% of the payment made during the previous calendar year. The final adjustment for payments due for the prior year shall be made with the annual return filed on April 15th.

**Tax Period:**

Month	Day	Year

 through 

Month	Day	Year

Check if amended Reason for amending: \_\_\_\_\_

**E-FILE:** You must e-file and e-pay Insurance Self Insured (ISI) using the Department's Taxpayer Access Point (TAP) website at <https://tap.state.nm.us>. This program has an electronic file (e-file) mandate. If for some reason you are unable to file the return electronically through TAP you are able to request a waiver or exception for e-filing using the Forms RPD-41351, *E-File Waiver Request Form* and RPD-41350, *E-File Exception Request Form*.

**FOR DEPARTMENT  
USE ONLY**

**Self-Insured Group Tax**

1. Prior Year Self-Insured Group Tax Liability (as reported on prior year's annual tax filing) .....	1.	
2. Enter No Less than 25% .....	2.	%
3. Quarterly Payment Due (multiply line 1 by line 2).....	3.	
4. Penalty .....	4.	
5. Interest .....	5.	
6. Total Amount Due .....	6.	

**Taxpayer's Signature**

I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature	Date
Title	Phone Number

\*\*\*This program has an electronic filing mandate. An e-file exception or waiver can be requested to submit a paper return.\*\*\*

## Self-Insured Group Tax Quarterly Return Instructions

### NEW LEGISLATION

Effective July 1, 2021 under new legislation moved the Self Insured Group Tax to the Insurance Premium Tax Act. This legislation transferred the duty to collect this specific Insurance Premium Tax to the Taxation and Revenue Department.

### WHO MUST FILE

The Self-Insured Group Tax pursuant to Section 7-40-3(F) NMSA 1978 is due by any company that has premiums derived from standard premium adjusted by any advance premium discount as defined in the Group-Self Insurance Act (Chapter 52 Article 6).

Pursuant to Section 7-40-2 NMSA 1978, each unauthorized insurer that has assumed a contract or policy of insurance directly or indirectly from an authorized or formerly authorized insurer and is receiving premiums on such policies remaining in force in New Mexico; provided that the ceding insurer does not continue to pay the taxes imposed pursuant to the Insurance Premium Tax Act as to such policy or contract are subject to the Self-Insured Group Tax.

For a self-insured group, "group" per Section 52-6-2(B) NMSA 1978 means a not-for-profit unincorporated association consisting of two or more public hospital employers or private employers that are engaged in the same or similar type of business, are members of the same bona fide trade or professional association that has been in existence for not less than five years and that enter into agreements to pool their liabilities for workers' compensation benefits; except that public hospital employers shall segregate their accounting records and investment accounts from those of private employers in accordance with applicable state law

This program has an electronic file (e-file) mandate. If for some reason you are unable to file the return electronically through TAP you are able to request a waiver or exception for e-filing using the Forms RPD-41351, *E-File Waiver Request Form* and RPD-41350, *E-File Exception Request Form*.

**Important:** Balances and Credits have been removed from all returns. Any overpayments will require RPD-41071, *Application for Refund*, to be submitted to the department along with supporting documents and an Amended Return if applicable.

### COMPLETED RETURNS

All fields in the form must be completed. No field should be left blank. For numeric fields requiring a balance, mark the field as zero if there no activity or balance related to that field. For forms to be considered complete, they must be signed, with the Title and Date entered by Authorized Representative.

### QUARTERLY PREMIUM TAX RETURNS

The Self-Insured Group Tax pursuant to Section 7-40-7(C) NMSA 1978 must be paid on a quarterly basis. The Self-Insured Group Tax estimated payments and returns are due on April 15, July 15, October 15, and January 15. Estimated payments shall be at least one-fourth or 25% of the payment made during the previous calendar year. The final adjustment for payments due for the prior year shall be made with the annual return filed on April 15th.

Quarterly Filing			
	Period Begins	Period Ends	Due Date
1	January 1 <sup>st</sup>	March 31 <sup>st</sup>	April 15 <sup>th</sup>
2	April 1 <sup>st</sup>	June 30 <sup>th</sup>	July 15 <sup>th</sup>
3	July 1 <sup>st</sup>	September 30 <sup>th</sup>	October 15 <sup>th</sup>
4	October 1 <sup>st</sup>	December 31 <sup>st</sup>	January 15 <sup>th</sup>

### PAYMENTS

Estimated payments shall be at least one-fourth or 25% of the payment made during the previous calendar year. The final adjustment for payments due for the prior year shall be made with the annual return filed on April 15th. Refer to **FYI 401**, *Special Payment Methods* for more information. Make the check or money order payable to New Mexico Taxation and Revenue Department. Mail the payment and all required documentation to Taxation and Revenue Department, P.O. Box 5557, Santa Fe, NM 87502 Email: [INSPremium.Outreach@state.nm.us](mailto:INSPremium.Outreach@state.nm.us). Certified or overnight mailing address: Attn-Insurance Premium Tax, 1200 S. St. Francis Drive, Santa Fe, New Mexico 87504.

**NOTE:** When you provide a check as payment, you authorize us to use information from your check to make a onetime electronic fund transfer from your account. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment.

### LINE INSTRUCTIONS

**Line 1. Prior Year Self-Insured Group Tax Liability.** This is the number reported on your prior year's annual tax filing.

**Line 2. Enter No Less Than 25%.** Enter a number that is 25 or higher. This number should be at least one-fourth or 25% per Section 7-40-7(C) NMSA 1978.

**Line 3. Quarterly Payment Due.** Multiply the amount in line 1 by line 2.

**Line 4. Penalty.** Add penalty if the entity fails to file timely or to pay the amount on Line 3 when due. Calculate the penalty by multiplying the amount on Line 3 by 2%, then by the number of months or partial months for which the return or payment is late, not to exceed 20% of the tax due. Penalty for failure to file or pay on time may not be less than \$5.00.

**Line 5. Interest.** Interest accrues daily on the unpaid principal of tax due, and it can change on a quarterly basis. You can find the effective annual and daily interest rates on the Department's web page at [www.tax.newmexico.gov](http://www.tax.newmexico.gov) or by contacting the Department.

**Line 6. Total Amount due.** Enter the total of Lines 3,4, and 5. Pay this amount.

**Taxpayer's Signature.** This return needs to be signed by the authorized and include the date and title of that individual along with a phone number where they can be reached.