



GROSS PREMIUM TAX
FOR PREMIUMS PAID TO UNAUTHORIZED FOREIGN
INSURANCE COMPANIES, ASSOCIATIONS, EXCHANGES, ETC.

(Department Use Only) DLN
ACCOUNT ID (CORPORATE BOX NUMBER)
(Department Use Only) Date Received
FEDERAL ID (EIN)
<input type="checkbox"/> Check to indicate a change of address

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Check to send all correspondence to preparer.

First Report Amended Report (See instructions.) Last Report (Out-of-Existence as of _____.)

ANNUAL PAYMENTS POLICIES PURCHASED OR RENEWED DURING MONTH _____ YEAR _____ DUE DATE *

Fill in corresponding self-assessed tax, remittance amount and grand totals. * SEE INSTRUCTIONS

✓	T/C 01-15 TAX TYPE	REVENUE USE ONLY		A. Tax Liability from Tax Report	B. Estimated Payments & Credits on Deposit	C. Restricted Credit	Remittance A minus B minus C
		TYPE CODE	BUDGET CODE				
✓	GROSS PREMIUMS- Unauthorized	60	125162				
	GRAND TOTALS						

PLEASE CHECK THIS BLOCK ONLY IF THE TOTAL PAYMENT SHOWN ABOVE HAS BEEN OR WILL BE PAID BY ELECTRONIC FUNDS TRANSFER (EFT).

OVERPAYMENT INSTRUCTIONS (Choose only Option A or Option B and write the appropriate letter in the box provided.)

A = Automatically transfer overpayments to other current-tax-period underpaid taxes, then to the next tax period.

B = Refund overpayment(s) of the current-tax-period after paying any other current-tax-period underpaid taxes.

By checking the "Amended Report" box on this form, the taxpayer consents to the extension of the assessment period for this tax year to one year from the date of filing of this amended report or three years from the filing of the original report, whichever period last expires. For purposes of this extension, an original report filed before the due date is deemed filed on the due date.

I affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) was examined by me, to the best of my knowledge and belief is a true, correct and complete report and I am authorized to execute this consent to the extension of the assessment period. This declaration is based on all information of which I have any knowledge.

Signature of Officer of Company	Title	Date	Telephone Number ()
PRINT Individual Preparer or Firm's Name	Signature of Preparer	Fax Number ()	
PRINT Individual or Firm's Street Address	Title	Telephone Number ()	
City	State	ZIP Code	E-mail Address

