STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	
0560	
1315-10	_____
TOTAL	

2016 STATEMENT OF PREMIUM TAXES

RISK RETENTION GROUPS

REGISTRATION NO.	NAIC NO.

COMPANY NAME				FOR CALENDAR YEAR ENDING DECEMBER 31, 2016
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

RECAP OF TAXES

1. TOTAL TAXES DUE (Page 3, Schedule B, Line 4, GREATER of Column A or Column B) $_____

2. Less 2016 PREPAYMENTS REMITTED: (1) JUNE 15 $_____
   (2) SEPT. 15 $_____
   (3) DEC. 15 $_____ $_____

3. TAX SUBTOTAL - Line 1 less Line 2. If negative amount, also enter on Line 6. $_____

4. PLUS PENALTY, IF DUE ($25.00 per day delinquency commences the day after due date and continues to date of postmark. Idaho Code § 41-404) $_____

5. AMOUNT ENCLOSED – (If applicable)
   Risk Retention Companies must file tax statement even if zero premium written.
   Make checks payable to: **Idaho Department of Insurance**.
   There will be a $20.00 charge on all returned checks. Idaho Code § 28-22-105.
   Your canceled check is your receipt. $_____
   Indicate if payment is by EFT_____

6. REFUND DUE FOR TAX OVERPAYMENT ONLY $_____

By my signature below, being duly sworn upon oath, I declare that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2016 on insurance of property or risks resident or located in Idaho.

_____ Contact person

_____ Signature of Officer (required)

_____ Telephone number Ext.

_____ Title

_____ Email address

_____ Date

SCHEDULE A - COMPUTATION OF PREMIUM TAX

1. TOTAL DIRECT PREMIUMS WRITTEN PLUS SERVICE OR FINANCE CHARGES (including policy, membership, installment and similar fees), LESS RETURN PREMIUMS ON POLICIES NOT TAKEN. Must agree with the Annual Statement Idaho Business Page 19, Schedule T or supporting financial documents. $_____

2. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS. Must agree with the Annual Statement Idaho Business Page, Schedule T or supporting financial documents. $_____

3. NET TAXABLE PREMIUMS (Line 1 - Line 2)
   Carry forward to Page 3, Schedule B, Line 1, Column A. $_____

4. PREMIUM TAX (1.50% of Line 3)
   Carry forward to Page 3, Schedule B, Line 1B, Column A. $_____

RETALIATORY SCHEDULE B MUST BE COMPLETED PAGE 3.

SCHEDULE B – COMPUTATION OF RETALIATORY TAXES

MUST BE INCLUDED WITH RETURN

Idaho Code § 41-340 (2) and (3)

NET PREMIUMS SUBJECT TO TAX:	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. RISK RETENTION GROUP PREMIUMS	$_____	$_____
A. PREMIUM TAX RATE	1.50%	0.00%
B. PREMIUM TAX (Line 1 x Line 1A)	$_____	$_____
2. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXX	$_____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXX	0.00%
B. MUNICIPAL, CITY OR COUNTY TAX (Line 2 x Line 2A)	XXXXXXXXXXXXXXXXXXXXX	$_____
3. OTHER TAXES - Identify Each:		
_____	XXXXXXXXXXXXXXXXXXXXX	$_____
_____	XXXXXXXXXXXXXXXXXXXXX	$_____
4. TOTAL TAXES (Lines 1B+2B+3) Carry GREATER amount of Column A or B forward to Page 1, Recap of Taxes, Line 1	$_____	$_____