

## INSTRUCTIONS FOR COMPLETING AND FILING QUARTERLY PREPAYMENT OF ANNUAL PREMIUM TAXES

1. Read these instructions carefully before completing the *Quarterly Estimated Premium Tax Statement*. If there are any questions regarding this filing, contact the Premium Tax Section at (208) 334-4281 or [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov).
2. Idaho Code, § 41-402 (3) (a) requires prepayment of premium tax if the total tax obligation for the preceding calendar year was **\$400 or more**. Prepayments are based on the *preceding calendar year's net taxable premium* at the **current year's premium tax rate**. **Quarterly tax form filings are required for companies with zero taxes or no prepayments due. ZERO FILINGS ARE REQUIRED**.
3. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax and fee filings must be submitted electronically by one of the following methods:
  - ❖ Premium Pro software, or
  - ❖ Directly through Tri Tech at <https://nonsub.tritechsoft.com/#/recaptcha>.
  - ❖ To access the correct form, make the following choices: IDAHO, 2024, CORRECT COMPANY TYPE, ESTIMATED PREMIUM TAX (CORRECT QUARTER).
4. Payments must be submitted by one of the following methods:
  - ❖ Check with Tri Tech payment voucher, or
  - ❖ Electronic Fund Transfer (EFT). **ACH Credit and Wire Transfers are acceptable. MUST BE ENROLLED TO USE EFT PAYMENT OPTION.** Idaho does NOT accept ACH Debit or OPTins. Payment CANNOT be made through TriTech.

To enroll in the Electronic Fund Transfer payment system, please complete the EFT Enrollment Form located on the Idaho Department of Insurance website at [https://doi.idaho.gov/wp-content/uploads/Company/EFT\\_Enrollment.pdf](https://doi.idaho.gov/wp-content/uploads/Company/EFT_Enrollment.pdf), and submit it to the Premium Tax Section at [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov). Enrollments are not processed from February 14 to July 1 due to tax filing volume.
  - ❖ Unidentifiable payments will be returned
  - ❖ **One payment per company per filing period.** DO NOT combine payments for multiple companies or filing periods.
5. **Excess prepayment amounts will only be credited to the March 1 filing for that tax year. Excess prepayment amounts WILL NOT be credited to other prepayment periods or refunded.**
6. Any insurer failing to submit the tax filing AND pay the tax due **on or before** the due date, shall be liable for a penalty of \$25 per calendar day of delinquency commencing the day after the due date, up to and including the date of submission of a complete filing (mandatory electronic tax filing AND payment). Idaho Code § 41-404, 41-3427 (2), and 41-3922 (2). Late filing penalties will be assessed for the following:
  - ❖ Late filing (electronic submission date) of the *Quarterly Prepayment of Annual Premium Taxes*.
  - ❖ Incomplete submission of the *Quarterly Prepayment of Annual Premium Taxes*.
  - ❖ Unpaid/underpaid tax (electronic settlement date or official postmark).
  - ❖ **Electronic Fund Transfer (EFT) payment not in the correct bank account on the due date.**
7. **All sections of the form must be completed, or the form will be rejected.**

8. Companies who wrote dental premiums (not governed by chapter 34, Title 41, Idaho Code) need to take all dental premiums out of the net taxable premiums (B1). On July 1, 2007, Idaho Code 41-402(9) changed the tax on dental from premium based to \$.04 per number of insureds, certificate holders, or blanket policy participants per month for the full year. (See form sections, A1, A2 and A3)
9. **For prepayments without the dental premium adjustment**, use instructions listed below:
  - ❖ Enter net taxable premiums, not including fees, from the prior year's Statement of Premium Taxes and Fees.
  - ❖ **ROUND ALL NUMBERS TO THE NEAREST DOLLAR**
    - Life & Health Insurers use Page 7, Schedule E, Column A, total of Line 1 **plus** Line 2.
    - Property & Casualty Insurers use Page 8, Schedule E, Column A, total of Line 1 **plus** Line 2.
    - Insurer's Using Health Blank use Page 9, Schedule E, Column A, Line 1 **plus** Lines 2 and 3.
    - Risk Retention Groups use Page 3, Schedule B, Column A, Line 1.
    - Title Companies use Page 3, Schedule C, Column A, Line 1.
    - **The Premium Tax rate is: 1.50%.**
  - ❖ Enter net Idaho taxable premiums in B1, not including fees, from prior year's Statement of Premium Taxes and Fees.
  - ❖ **B2 is an automated calculation** of the estimated Idaho Basis premium tax.
  - ❖ **B3 is an automated calculation:** Multiply the Estimated Tax shown in B2 by the appropriate percentage in B3:
    - 60% - due June 15th
    - 20% - due September 15th
    - 15% - due December 15th
  - ❖ The total estimated prepayment is an **automated calculation**.
10. **Prepayments with dental premium adjustment:** Do not include written dental premium in B1. Use dental contract information reported on Schedule D of the preceding year's Statement of Premium Taxes and Fees to calculate dental prepayment in A1.
11. **Prior year tax overpayments cannot be deducted from the current year tax liability. Refund checks are issued for all prior year overpayments. Idaho Code §41-402(10).**
12. Changes in company status such as mergers, name change, or change of address must be reported to Company Activities at [doi.companyactivities@doi.idaho.gov](mailto:doi.companyactivities@doi.idaho.gov) .
13. Companies in receivership or rehabilitation must provide legal documentation that precludes prepayment of premium taxes.