

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
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## INSTRUCTIONS FOR COMPLETING AND FILING STATEMENTS OF PREMIUM TAXES RISK RETENTION GROUPS

1. Read these instructions carefully before completing this fee statement. If there are any questions regarding this filing, please contact the Premium Tax Section at (208) 334-4281, or [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov).
2. The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax and fee filings must be submitted electronically. Electronic filings must be submitted by one of the following methods:
  - ❖ Premium Pro software, or
  - ❖ Directly through TriTech at <https://nonsub.tritechsoft.com/#/recaptcha> .
  - ❖ To access the correct form, make the following choices: IDAHO, 2024, RISK (RRG)
3. Payments must be submitted by one of the following methods:
  - ❖ All payments greater than \$100,000 **MUST** be made electronically. Idaho Code §67-2026
  - ❖ Check with TriTech 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.
4. All licensed Risk Retention Groups are required to file an Annual Statement of Premium Taxes and remit any tax due. The statement and taxes are due and payable regardless of whether business was written in Idaho. Idaho Code §41-335 and §41-4805 (3).
5. **All sections of the form must be completed, or the form will be rejected.**
6. Any questions or correspondence concerning the fee statement will be directed to the contact person listed on the statement. Include a **direct telephone number with extension and e-mail address**. If the contact person changes after the submission of the statement, please contact the Premium Tax Section as indicated in item number 1.

## 7. PAGE 1 – RECAP OF TAXES

- A. **Enter the company information.** Enter the company’s NAIC Number in the box provided. The company name, address, and state of domicile must be completed on all tax forms as refunds and correspondence will be sent to this address.
- B. **Line 1 Tax Liability.** Calculated total. Carry forward the greater of Schedule E, Line 4, Column A or B.
- C. **Line 2 Prepayments.** Enter the amounts of quarterly prepayments.
- D. **Line 3 Total Tax Due.** Calculated total. Line 1 - Line 2. If the amount on Line 3 is negative, carry amount forward to Line 5 - Refund Due for Tax Overpayment. Any refund due for the overpayment of premium taxes will be mailed to the company address indicated on the company's tax statement after the statement has been audited. Idaho Code § 41-402(10).
- E. **Line 4 Amount Enclosed.** Calculated total. Overpayment of tax may not be used to offset penalties.
  - a. If a refund of premium tax is due on Line 3 (also negative amount on Line 5), enter 0.
  - b. If there is premium tax due on Line 3, submit payment for the amount of Line 3.
- F. **Line 5 Refund Due.** This is the overpayment of tax (negative tax amount) calculated on Line 3. Per Idaho 41-402A. Refunds. “No such refund shall be paid after one (1) year from the due date of the statement required in section 41-402(A), Idaho Code, unless before the expiration of such period a written claim is filed therefore by the insurer on such forms and in such manner as is prescribed by the director.”
- G. The tax statement must be signed and dated by an officer of the company. Typed signatures are permitted for electronic filings. By the appropriate signature, being duly sworn upon oath, it is declared that the premium tax report is a complete, true, and correct statement of all premiums and fees on business written by said company, for the reporting year on insurance, property, or risks resident, or located, in Idaho. **Unsigned forms will be considered incomplete and rejected.**
- H. All questions concerning the tax statement will be directed to the contact person as stated on page 1 of the Tax Statement. Include a **direct telephone number with extension and e-mail address**. If the contact person changes after the submission of the *Statement of Premium Taxes and Fees*, please contact the Premium Tax Section as indicated in item #1.

## 8. PAGE 2 - SCHEDULE A - COMPUTATION OF PREMIUM TAX

- A. **Line 1 Total Direct Premiums Written.** Should agree with premium as reported on the NAIC Annual Statement Schedule T, Line 13, Column 1 + Column 8 and State Business Page, Line 35 Column 1 + Column 12. **A written explanation of any differences between the tax statement and annual statement schedules must be attached.**
- B. **Line 2 Dividends Paid or Credited to the Account of Policyholder.** Report dividends paid or credited to the account of policyholders. Should match NAIC Annual Statement Schedule T, Line 13, Column 4 and State Business Page, Line 35, Column 3

C. **Line 3 Net taxable premiums.** Auto-calculated total (Line 1 less Line 2).

D. **Line 4 Premium Tax.** Auto-calculated total (Line 4 times 1.5% Idaho tax rate).

## 9. PAGE 3 - SCHEDULE E - COMPUTATION OF RETALIATORY TAXES

**\*\*ATTACH RETALIATORY CALCULATION WORKSHEET\*\*** A copy of the Idaho Schedule E is not adequate retaliatory support.

A. This schedule determines the higher aggregate of taxes due. For audit verification, we may be contacting the various state insurance departments, using copies of the domicile state's tax statements, the NAIC Retaliatory Guide, or domiciliary code.

B. **Column A** Calculated from other schedules.

C. **Column B Domicile State Tax Basis.** Should be calculated on the retaliatory basis of what an Idaho company doing the identical volume of business would be required to pay to your state of domicile. **An explanation of calculations must be included.**

a. **Line 1 Risk Retention Group Premiums.** Report Net Taxable Premium per domicile state. Include an explanation of any differences between Column A and Column B.

b. **Line 1A Tax Rate.** Enter premium tax rate per domicile state in Column B.

c. **Line 1B Premium Tax.** Calculated total. Multiply Column B, Line 1 by the rate in Column B, Line 1A.

d. **Line 2 Municipal, City, or County Premiums.** Enter municipal, city or county premiums per domicile state in Column B. Attach an explanation.

e. **Line 2A Municipal, City, or County Tax Rate.** Enter Municipal, City, or County tax rate in Column B.

f. **Line 2B. Municipal, City, or County Premium Tax.** Calculated total. Multiply Line 2 by Line 2A.

g. **Line 3 Other Taxes.**

**Corporate/Income/Excise Taxes MUST be stated, even if zero.** Enter all other taxes imposed by your state of domicile, including state income/corporate/excise/minimum tax/fire tax, on foreign insurers. These must be reported **except:**

- Ad valorem taxes on real or personal property.
- Personal income, capital or surplus taxes.
- Taxes imposed for a special purpose obligation or assessment on a particular kind of insurance.

h. **Line 4 Total Taxes.** Calculated total (Lines 1B + 2B + 3).