

INSTRUCTIONS FOR COMPLETING AND FILING CONTINUATION FEE STATEMENT AND VOLUME STATEMENT PURCHASING GROUPS

IMPORTANT CHANGE FOR 2025 FILINGS: Idaho is collecting an \$8 TriTech filing fee for all companies. This fee **MUST be paid before the filing is considered submitted.**

Step 1: Read First

- Read these instructions before you start.
- If you have questions, call (208) 334-4281 or email premiumtax@doi.idaho.gov

Step 2: Who Needs to File

- All licensed Purchasing Groups must file a Continuation Fee Statement and pay fees by March 1st
- You must file even if you didn't write any business in Idaho

Step 3: Know the Deadline

- Your Continuation Fee Statement and payment are due March 1st
- If you don't file or pay by then, you can lose the ability to do business in Idaho See *Idaho Code § 41-324, IDAPA 18.01.02.020.01, 18.01.02.020.02, and 18.01.02.022.02*

Step 4: File Online Only

- You must file your tax statement electronically.
- Use one of these options:
 - Premium Pro software, or
 - [TriTech website:](#)
- On the TriTech website, choose: **IDAHO, 2025, OTHER, PURCHASING GROUPS**

Step 5: Fill Out the Statement

- See Specific Instructions Below
- **Whose “Home State” is in Idaho?**
 - Idaho is the home state if:
 - A business is based in Idaho

- A person lives in Idaho most of the time

Step 6: Validate and Submit

- After completing the form:
 - At the bottom left of the screen (scroll down), there is a bright blue VALIDATE button. **Click the VALIDATE button**
 - After the form passes validation, the SUBMIT button (under the Validate button) will turn bright blue. **Click the SUBMIT button**. If you do not click SUBMIT, your form is not filed.

Step 7: Make a Payment

- You can pay by:
 - **Check** - with a TriTech payment voucher
 - **Electronic Fund Transfer (EFT)** – You must sign up first
- Idaho accepts ACH Credit and Wire Transfers
- **Idaho does not accept ACH Debit or OPTins**
- **You cannot pay through TriTech**
- To sign up for EFT:
 - Fill out the [EFT Enrollment Form](#)
 - Email it to premiumtax@doi.idaho.gov
 - You cannot enroll between Feb 14 and July 1
- Payments over \$100,000 must be made electronically *See Idaho Code §67-2026*
- A \$20 fee applies to returned checks
- **Payments that can't be identified will be sent back**

Page 1 Continuation Fee Statement

➤ Company Information

- Enter your company's License Number (4 digits) in the box.
- Fill in the **COMPLETE** company name, address, and domicile state. **DO NOT ABBREVIATE**
- Add an ATTN line if applicable.
- This is where refunds and correspondence will be sent.

➤ Contact Information

- Include the name, phone number (**with extension**), and email address of the person we can actually contact
- This person will get any messages or correspondence.
- **DO NOT** use a generic phone number for the company
- If the contact person changes, let the Premium Tax section know
- Typed signatures are okay for electronic filing
- Unsigned forms will be rejected

Page 2 Premium Total

Lines 1–3: Licensed Insurance Companies

- **Line 1:** Add total premiums from companies licensed in Idaho
- **Line 2:** Add total returned premium (**no negative numbers**)
- **Line 3:** Line 1 minus Line 2 (auto calculated)

Lines 4–6: Surplus Line Policies

- **Line 4:** Add total premiums from Surplus Lines Brokers or Insurers
- **Line 5:** Add total returned premium (**no negative numbers**)
- **Line 6:** Line 4 minus Line 5 (auto calculated)

Insurance Company Information

- List each insurance company, their premium amounts, and any returned premium amounts
- Include contact information for each company **DO NOT ABBREVIATE COMPANY NAME**
- Make sure totals match Lines 1–3 from top of Page 2

Page 3 Surplus Line Broker Information

- List each Surplus Line Broker, their premium amounts, and any returned premium amounts
- Include broker name **as shown on their Idaho license**, NPN, email, and phone number
- Totals must match Lines 4–6 from Page 2

Page 4 Idaho Insured Report

- Enter the name of the purchasing group at the top **DO NOT ABBREVIATE**
- Fill out ALL FIELDS.
- The name requested is the **name of the policy holder/insured**, not the insurer.
- If no premium was written, write “NONE”
- You can use extra copies of pages 4 and 5 or include an Excel spreadsheet with the same information.
- **Please total each page for both written premium and returned premium**