

**INSTRUCTIONS FOR COMPLETING AND FILING  
QUARTERLY ESTIMATED PREPAYMENT OF ANNUAL PREMIUM TAXES  
TAX DUE**

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 Tri Tech at <https://nonsub.tritechsoft.com/#/recaptcha>.
  - ❖ To access the correct form, make the following choices: IDAHO, 2025, COMPANY TYPE, ESTIMATED PREMIUM TAX (CORRECT QUARTER)
3. 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 multiple filing periods or multiple companies.
4. Idaho Code §41-402(3)(a) requires prepayment of premium taxes 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 premiums plus dental tax** at the current year's premium tax rate. Quarterly tax form filings are **required for all companies**. **ZERO FILINGS ARE REQUIRED**. If you are a ZERO FILER (**total tax obligation LESS THAN \$400**), please use the **ZERO FILER Estimated Prepayment form (NEW IN 2025)**.
5. Excess prepayment amounts will **NOT be credited to other prepayment periods or refunded**. Excess prepayments will only be credited to the final March 1 filing for the tax year.
6. Prior year tax **overpayments CANNOT be deducted from the current year's tax liability**. Refunds are issued for all prior year overpayments per Idaho Code §41-402(10).

7. Changes in company status such as mergers, name changes, or change of address must be reported to Company Activities at [doi.companyactivities@doi.idaho.gov](mailto:doi.companyactivities@doi.idaho.gov) .
8. Companies in receivership or rehabilitation must provide legal documentation the precludes filing or prepayment of premium taxes
9. 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 in the amount of \$25 per calendar day beginning the day after the deadline and commencing until a complete filing has been received (electronic filing AND payment of tax due) per Idaho Code §41-404, 41-3427(2), and 41-3922(2).

Late 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 Premium Taxes (electronic settlement date or official postmark).
- ❖ **Electronic Funds Transfer (ACH Credit or Wire Transfer) not in the correct bank account on the due date.**

10. **All sections of the form must be completed, or the form will be rejected.**

11. Round all numbers to the nearest dollar.

12. **IDAHO ESTIMATED PREPAYMENT OF ANNUAL PREMIUM TAXES – TAX DUE**

- ❖ Enter company information as shown on the Idaho Certificate of Authority. 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.

- ❖ **Calculation of Estimated Tax Payment Due:**

1. Enter Net Taxable Premiums from the prior year's Statement of Premium Taxes and Fees.
  - Risk Retention Groups use Schedule B, Column A, Line 1
  - Title Companies use Schedule C, Column A, Line 1
  - All other insurers use Schedule E, Column A, Lines 1+2
2. Estimated Premium Tax Obligation is an automated calculation. **If this line shows ZERO, STOP! Please file the ZERO FILERS Estimated Prepayment form (NEW IN 2025).**
3. For insurers who reported dental premium on the Annual Statement of Premium Taxes and Fees, enter the total number of contracts reported on Schedule D.
4. Dental Tax Obligation is an automated calculation.
5. Total Estimated Premium Tax Obligation is the total of premium tax and dental tax.
6. Estimated Premium Taxes Due is an automated calculation based on the assigned percentage of Total Estimated Premium Tax Obligation per Idaho Code §41-402(3).
  - June 15 – 60%
  - September 15 – 20%
  - December 15 – 15%
7. Officer's Signature – Typed name of the officer attesting that the document is a true and correct statement.