

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

Idaho Code, § 41-402 (3) (a) requires prepayment of premium tax if the sum of the tax obligations for the preceding calendar year's business is **\$400 or more**. Prepayments shall be based on the *preceding calendar year's business* at the **current year's premium tax rate**. **Quarterly tax form filings are required for companies with zero taxes or no prepayments due.** Companies writing dental insurance not governed by Chapter 34, Title 41, Idaho Code see changes below (\*\*)

The Idaho Department of Insurance has adopted a mandatory e-file policy. All tax filings must be submitted electronically. Idaho Code §41-402. Electronic filings must be submitted by one of the following methods:

- ❖ Directly through TriTech Premium Pro software or;
- ❖ Idaho Department of Insurance Electronic Filing System located [here](#). Or visit <https://tritechsoft.com/efilenetid/efilenet/efiledefault.aspx>

Payments must be submitted by one of the following methods:

- ❖ Electronic Funds Transfer (EFT). Idaho does NOT accept ACH Debit. ACH Credit and Wire Transfers are acceptable.
- ❖ Check (to be submitted with payment voucher).
- ❖ 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/Company/PremiumTax/Instructions>, and submit it to the Premium Tax Section at [premiumtax@doi.idaho.gov](mailto:premiumtax@doi.idaho.gov).

**NOTE:** Any insurer failing to submit the tax filing and pay the tax on or before the due date, shall be liable for a penalty of \$25 per day delinquency commencing the day after the due date, determined by the submission date. 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 Taxes* (missing signature).
- ❖ Unpaid/underpaid tax (electronic submission date or official postmark).
- ❖ Electronic Fund Transfer (EFT) (payment not in the correct bank account on the due date).

The *Quarterly Prepayment of Annual Premium Taxes Statement* must be signed and dated by an authorized representative of the company. For all electronic filings, the printed name of the officer signing under oath is acceptable. **Unsigned statements will be considered incomplete.**

(\*\*)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)

1. **For prepayments without the dental premium adjustment**, use instructions listed below:
  - A. Enter net taxable premiums, not including fees, from prior year's Statement of Premium Taxes and Fees.
  - B. (B1): **ROUND ALL NUMBERS TO THE NEAREST DOLLAR**
    - a. Life & Health Insurers use Page 7, Schedule E, Column A, total of Line 1 **plus** Line 2.
    - b. Property & Casualty Insurers use Page 8, Schedule E, Column A, total of Line 1 **plus** Line 2.
    - c. Insurer's Using Health Blank use Page 9, Schedule E, Column A, Line 1 **plus** Lines 2 and 3.
    - d. Risk Retention Groups use Page 3, Schedule B, Column A, Line 1.
    - e. Title Companies use Page 3, Schedule C, Column A, Line 1.

**Calendar Year 2018 premium tax rate is: 1.50%.**

- C. 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.
- D. Multiply the Estimated Tax shown in B2 by the appropriate percentage in B3:
  - a. 60% - due June 15th
  - b. 20% - due September 15th
  - c. 15% - due December 15th
- E. The total estimated prepayment is an automated calculation. Indicate if payment is sent by Electronic Fund Transfer (EFT) or check under LINE A3.

**2. 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.

Indicate if payment is sent by Electronic Fund Transfer (EFT) or check under LINE A3. If paying the tax by check, to avoid a lost payment, attach the check for the balance to the payment voucher. Make check payable to:

**MAILING**

IDAHO DEPARTMENT OF INSURANCE  
PO Box 83720  
Boise, ID 83720-0043

**OVERNIGHT**

IDAHO DEPARTMENT OF INSURANCE  
700 W State Street, 3<sup>rd</sup> FL  
Boise, ID 83702

(Your canceled check is your receipt). There will be a \$20.00 charge on all returned checks - Idaho Code § 28-22-105.

**Prior tax overpayments cannot be deducted from current year tax liability. Refund checks are issued for all prior year overpayments. Idaho Code §41-402(10).**

Changes in company status such as mergers, name or addresses must be reported.  
Companies in receivership must provide legal documentation that precludes prepayment of premium taxes.

**REQUIRED**

- ❖ Separate payments for each company
- ❖ Signature and title of officer – for electronic filing may be typed.
- ❖ **Payments of \$100,000 or more MUST be paid by Electronic Funds Transfer.**