

STATE OF IDAHO  
 DEPARTMENT OF INSURANCE  
 700 WEST STATE STREET, 3rd FLOOR  
 PO BOX 83720  
 BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	
0560	
1315-10	_____
TOTAL	_____

**2014 STATEMENT OF PREMIUM TAXES  
 IDAHO RESIDENT & NON-RESIDENT  
 SURPLUS LINE BROKERS**

IDAHO S/L BROKER NUMBER			
S/L BROKER'S NAME		FOR CALENDAR YEAR ENDING <b>DECEMBER 31, 2014</b> AS FILED WITH THE IDAHO SURPLUS LINE ASSOCIATION	
AGENCY NAME FILING ON BROKERS BEHALF			
MAILING ADDRESS	CITY	STATE	ZIP CODE

Reference: Idaho Code § 41-1229 and 41-1230.

**Check Box for Refund Return.**

- LINE 1 AND 2 MUST AGREE WITH THE IDAHO SURPLUS LINE YEARLY SUMMARY REPORT TOTAL.**

- Net premiums charged in, exclusive of sums collected to cover stamping fees and taxes. \$ \_\_\_\_\_
- Premium tax amount due **MUST** agree with Idaho Surplus Line Broker summary report total. (Attach explanation if different) (tax rate 1.50%) \$ \_\_\_\_\_
- Plus penalty, if due (\$25.00 per day of delinquency - Idaho Code § 41-1230). \$ \_\_\_\_\_
- TOTAL TAXES AND PENALTIES DUE MARCH 1, 2015.** \$ \_\_\_\_\_

Make your check payable to: **Idaho Department of Insurance.**  
**MAIL TO:** 700 West State Street, 3rd Floor, Boise, ID 83720-0043  
 There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.  
 Your canceled check is your receipt.

- DO NOT SEND THIS FORM TO THE SURPLUS LINE ASSOCIATION.**

By my signature below, being duly sworn upon oath, I declare that the premium tax report is a complete, true and correct statement of all premiums and fees on business written by said company during the year ending December 31, 2014 on insurance of property or risks resident or located in Idaho.

\_\_\_\_\_  
 Contact Person

\_\_\_\_\_  
 Telephone Number      Ext.

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Signature of Authorized Representative (Required)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date