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	

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 **DECEMBER 31, 2013** AS FILED WITH THE IDAHO SURPLUS LINE ASSOCIATION
AGENCY NAME FILING ON BROKERS BEHALF	
MAILING ADDRESS	

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 REPORT TOTAL.**

1. Net premiums charged in, exclusive of sums collected to cover stamping fees and taxes. $_____

2. Premium tax amount due MUST agree with Idaho Surplus Line Broker yearly report total. (Attach explanation if different) **(tax rate 1.50%)** $_____

3. Plus penalty, if due ($25.00 per day of delinquency - Idaho Code § 41-1230). $_____

4. TOTAL TAXES AND PENALTIES DUE MARCH 1, 2014. $_____

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 I am authorized to represent, and do represent, that this tax statement is true, correct, and complete, and was prepared under my supervision.

_____ Contact Person

_____ Signature of Authorized Representative

_____ Telephone Number Ext.

_____ Title

_____ Email Address

_____ Date