

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
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**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, 2008
MAILING ADDRESS	

Form MUST be returned to The Idaho Department of Insurance even if ZERO Premiums/Tax.

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

1. Net premiums charged, exclusive of sums collected to cover stamping fees and taxes. \$ _____
2. Premium tax amount due should agree with Idaho Surplus Line Broker yearly report total. \$ _____

Policy Eff Date 12/31/2006 or before: Prem Tax = 2.75%
Policy Eff Date 01/01/2007 or later: Prem Tax = 1.50%
Endorsements / Audits subject to tax & fee based on eff. date of ORIGINATING policy

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

TOTAL TAXES AND PENALTIES DUE MARCH 1, 2009. \$ _____

- 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.**

Under penalty of perjury, I declare that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement.

Date

Signature

(_____) _____
Telephone Number Ext.

Name and Title (Type or Print)