

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

	0560
FOR DEPARTMENT USE ONLY	1315-10

	TOTAL

STATEMENT OF PREMIUM TAXES
RISK RETENTION GROUPS

REGISTRATION NO.	NAIC NO.	
COMPANY NAME		FOR CALENDAR YEAR ENDING DECEMBER 31, 2008
MAILING ADDRESS		DOMICILE STATE

RECAP OF TAXES

1. TOTAL TAXES DUE (Page 3, Schedule B, Line 4, GREATER of Column A or Column B) \$ _____

2. Less 2008 PREPAYMENTS REMITTED: (1) JUNE 15 \$ _____
 (2) SEPT. 15 \$ _____
 (3) DEC. 15 \$ _____

3. TAX SUBTOTAL - Line 1 less Line 2. If negative amount, also enter on Line 6. \$ _____

4. PLUS PENALTY, IF DUE (\$25.00 per day from postmark delinquency. Idaho Code § 41-404) \$ _____

5. AMOUNT ENCLOSED – (If applicable)
 Make checks payable to: **Idaho Department of Insurance.**
 There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.
 Your canceled check is your receipt. \$ _____

Indicate if payment is by EFT _____

6. REFUND DUE FOR TAX OVERPAYMENT ONLY \$ _____

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.

 Contact Person
 ()

 Telephone Number Ext.

 Signature of Officer Date

 Name and Title (Type or Print)

SCHEDULE A - COMPUTATION OF PREMIUM TAX

1. TOTAL DIRECT PREMIUMS WRITTEN PLUS SERVICE OR FINANCE CHARGES
(including policy, membership, installment and similar fees), LESS RETURN
PREMIUMS ON POLICIES NOT TAKEN. Must agree with the ATTACHED Annual Statement
Idaho Business Page, Schedule T or supporting financial documents. \$ _____

2. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS.
Must agree with the ATTACHED Annual Statement Idaho Business Page, Schedule T or
supporting financial documents. \$ _____

3. NET TAXABLE PREMIUMS (Line 1 - Line 2)
Carry forward to Page 3, Schedule B, Line 1, Column A. \$ _____

4. PREMIUM TAX (1.90% of Line 3)
Carry forward to Page 3, Schedule B, Line 1B, Column A. \$ _____

RETALIATORY SCHEDULE B MUST BE COMPLETED.

**↔ COPIES OF THE ANNUAL STATEMENT IDAHO BUSINESS PAGE, AND SCHEDULE T
OR SUPPORTING FINANCIAL DOCUMENTATION MUST BE ATTACHED.**

SCHEDULE B – COMPUTATION OF RETALIATORY TAXES
 Idaho Code § 41-340 (2) and (3)

<u>NET PREMIUMS SUBJECT TO TAX:</u>	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. RISK RETENTION GROUP PREMIUMS	\$ _____	\$ _____
A. PREMIUM TAX RATE	_____ 1.90% _____	_____
B. PREMIUM TAX (Line 1 x Line 1A)	\$ _____	\$ _____
2. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXXX	\$ _____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXXX	_____
B. MUNICIPAL, CITY OR COUNTY TAX (Line 2 x Line 2A)	XXXXXXXXXXXXXXXXXXXXXX	\$ _____
3. OTHER TAXES - Identify Each:		
_____	XXXXXXXXXXXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXXXXXXXXXXX	\$ _____
4. TOTAL TAXES (Lines 1B+2B+3) Carry GREATER amount of Column A or B forward to Page 1, Recap of Taxes, Line 1	\$ _____	\$ _____