

TEXAS SEMI-ANNUAL INSURANCE PREMIUM TAX PAYMENT WORKSHEET
(Licensed Companies and Miscellaneous Organizations)

a. Taxpayer number	b. Filing period	c.	d. Due date
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Taxpayer name and tax report mailing address

KEEP THE TOP PORTION OF THIS
 FORM FOR YOUR RECORDS
 RETURN ONLY THE BOTTOM PORTION

f. Type of carrier

Insurers with previous year's net premium tax liability greater than \$1,000 may elect to make their prepayments under Option I or Option II

OPTION I - CALCULATION USING PREVIOUS YEAR'S NET PREMIUM TAX LIABILITY (See instructions)

1. Amount of NET PREMIUM TAX DUE (Line 25, Form 25-100) from last year's annual tax report	1. _____
2. Payment amount (Multiply Item 1 by 0.50)	2. _____

OPTION II - CALCULATION USING CURRENT YEAR'S NET PREMIUM TAX LIABILITY (See instructions)

NOTE: If your current year's actual premium tax liability exceeds your estimate, you may owe penalty and/or interest on the amount underestimated.

3. Estimated amount of NET PREMIUM TAX DUE in current year	3. _____
4. Payment amount (Multiply Item 3 by 0.50)	4. _____

Insurers with previous year's net premium tax liability of zero or recent licensed insurers may make their prepayments under OPTION III

OPTION III - CALCULATION WITH NO PREVIOUS YEAR'S NET PREMIUM TAX LIABILITY OR RECENT LICENSED INSURERS (See instructions).

LIFE INSURANCE PREMIUMS OR HMO REVENUES:

5. Multiply the first \$450,000 of your two previous calendar quarters' gross life premiums or HMO revenues by 0.00875	5. _____
6. Multiply your two previous calendar quarters' gross life premiums or HMO revenues over \$450,000 by 0.0175	6. _____
7. Total payment amount on gross life premiums or HMO revenues (Item 5 plus Item 6)	7. _____

ACCIDENT AND HEALTH INSURANCE PREMIUMS:

8. Multiply your two previous calendar quarters' gross accident and health premiums by 0.0175	8. _____
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PROPERTY AND CASUALTY INSURANCE PREMIUMS:

9. Multiply your two previous calendar quarters' property and casualty premiums, NOT including accident and health premiums, by 0.016	9. _____
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TITLE INSURANCE PREMIUMS:

10. Multiply your two previous calendar quarters' gross title premiums by 0.0135	10. _____
11. TOTAL PAYMENT DUE (Item 2 <u>OR</u> Item 4 <u>OR</u> the total of Items 7, 8, 9 and 10)	11. _____

DETACH BELOW AND KEEP THIS UPPER PART FOR YOUR RECORDS

RETURN THIS PART ONLY WITH YOUR PAYMENT

TEXAS SEMI-ANNUAL INSURANCE PREMIUM TAX PAYMENT

12. TOTAL AMOUNT DUE AND PAYABLE (Item 11) 12. ■ _____

Taxpayer name	g.	h.
<input type="checkbox"/> T Code <input type="checkbox"/> Taxpayer number <input type="checkbox"/> Period		

Make the amount in Item 12 payable to **STATE COMPTROLLER**. Our mailing address is **111 E. 17th Street, Austin, TX 78774-0100**.

If you have any questions regarding Insurance Tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-1387, toll free, nationwide. The Austin number is 512/463-4600.

I declare that the information in this document and all attachments is true and correct to the best of my knowledge and belief.

Authorized agent

sign here

Preparer's name (Please print) _____

Daytime phone (Area code & number)	Date
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**INSTRUCTIONS FOR COMPLETING THE
TEXAS SEMI-ANNUAL INSURANCE PREMIUM TAX PAYMENT WORKSHEET**
Licensed Companies and Miscellaneous Organizations

You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at the address or toll-free number listed on this form.

SEMI-ANNUAL PREPAYMENT DUE DATES:

The first prepayment is due and payable March 1 for all licensed companies, excluding Stipulated Premium Companies and Statewide Mutual Assessment Life, Health and Accident Companies. For Stipulated Premium Companies, and Statewide Mutual Assessment Life, Health and Accident Companies, the first prepayment is due and payable April 1. The second prepayment for all companies is due and payable August 1.

PREVIOUS YEAR'S PREMIUM TAX LIABILITY BETWEEN \$0.01 AND \$1,000:

If the premium tax liability for the previous year was between \$0.01 and \$1,000, no payment is due.

PREVIOUS YEAR'S PREMIUM TAX LIABILITY GREATER THAN \$1,000:

Licensed insurance companies and miscellaneous organizations with a previous year's net premium tax liability greater than \$1,000 must calculate their prepayments based on:

- OPTION I:** THE PREVIOUS YEAR'S NET TAX LIABILITY; OR
- OPTION II:** THE ESTIMATED CURRENT YEAR'S NET TAX LIABILITY.

Each required prepayment is the lesser of one-half of the total net premium tax due from the previous calendar year (**Option I**), or one-half of the estimated current year's net premium tax due (**Option II**). **Option II** should only be used if you expect your net premium tax liability to be **significantly less** than the previous year's net premium tax liability. If your current year's net premium tax liability exceeds your estimate, you may owe penalty and/or interest on the amount that has been underestimated.

PREVIOUS YEAR'S PREMIUM TAX LIABILITY OF ZERO OR RECENT LICENSED INSURERS:

- OPTION III:** THE PREVIOUS TWO QUARTERS' NET TAX LIABILITY

If an insurer had no previous year's net premium tax liability or is a recently licensed insurer, the semiannual prepayment will be based on the net premium tax liability that would be due for the two previous calendar quarters at the minimum tax rate specified by law. It would be possible to file a zero tax report for the previous year, but still owe a prepayment for the following tax year.

MISCELLANEOUS ITEMS:

- Prepayments are based on the "Net Premium Tax Due" from the annual tax report (Form 25-100) under both Option I and Option II. Option I is based on the prior tax year net premium tax due, and Option II is based on the estimated current year net premium tax due. Since examination expenses, valuation fees, and guaranty association assessment credits have already been factored into this line item, the prepayments should NOT be further adjusted to reflect these credits.
- Payment by Electronic Fund Transfer - Taxpayers making payment by electronic fund transfer are NOT required to send in the payment coupon located at the bottom of the worksheet.
- Taxpayers with NO PAYMENT DUE are NOT required to send in the prepayment coupon located at the bottom of the worksheet.

GENERAL INSTRUCTIONS:

- Do not write in shaded areas.
- Make check payable to: **STATE COMPTROLLER**
- Mail the payment to: **COMPTROLLER OF PUBLIC ACCOUNTS**
111 E. 17th Street
Austin, TX 78774-0100

FOR ASSISTANCE:

If you have any questions regarding Insurance Tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-1387, toll free, nationwide. The Austin number is 512/463-4600.