

TEXAS INSURANCE PREPAYMENT FORM

Surplus Lines

a. Taxpayer number	b. Filing period	c.	d. Due date
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Taxpayer name and tax report mailing address *(Make necessary name and address changes below)*

e.

KEEP THE TOP PORTION OF THIS FORM FOR YOUR RECORDS

RETURN ONLY THE BOTTOM PORTION

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.

1. Total amount subject to prepayment <i>(Dollars and cents)</i>	1.	
2. Penalty and interest		
<ul style="list-style-type: none"> • 1-30 days late--enter penalty of 5% (.05) of Item 1. • 31 - 60 days late--enter penalty of 10% (.10) of Item 1. • Over 60 days late--enter penalty of 10% (.10) of Item 1 plus interest. Calculate interest at the rate published online at http://www.window.state.tx.us or call the Comptroller toll free at 1-877-44RATE4 for the applicable interest rate. 	2.	
3. TOTAL AMOUNT PAID	3.	

WHO MUST FILE

All Texas licensed surplus lines agents who accrue surplus lines premium taxes of \$70,000 or more to the state of Texas are required to make prepayments of such taxes beginning January 1, 2000. Failure to make prepayments as required by this statute change will result in penalties and interest being assessed under Title 2, Tax Code.

NOTE: Taxpayers with no payment due or taxpayers making payment by electronic fund transfer are NOT required to send in the prepayment form. If the prepayment covers taxes from different tax years, indicate the total amount to be allocated to each tax year.

WHEN TO FILE

Prepayments of surplus lines taxes are required to be filed by the 15th of the month following the month in which the agent accrues \$70,000 or more in premium taxes. The prepayment amount must equal the accrued liability at the end of the month in which the agent accrues \$70,000 or more. Prepayments less than \$70,000 can be made any time during the year.

GENERAL INSTRUCTIONS

- If any preprinted information is not correct, mark out the item and write in the correct information.
- TYPE OR PRINT.
- Do not write in shaded areas.

↓ **DETACH BELOW AND KEEP THIS UPPER PART FOR YOUR RECORDS** ↓

RETURN THIS PART ONLY WITH YOUR PAYMENT

Form 25-105 (Rev.12-05/9)

TEXAS INSURANCE PREPAYMENT -- Surplus Lines

1. Total amount subject to prepayment <i>(Dollars and cents)</i>	1.	
2. Penalty and interest	2.	
3. TOTAL AMOUNT PAID	3.	

Taxpayer name	f.	g.
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■ T Code ■ Taxpayer number ■ Period

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 <i>(Please print)</i>
Daytime phone <i>(Area code & number)</i>	Date

Make the amount in Item 3 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.