

2017

DOMESTIC COMPANIES OTHER THAN LIFE

Insurer NAIC Code Number _____

Type or print the requested information
FEDERAL EMPLOYER I.D. NUMBER

Insurer NAIC Group Code Number _____

COMPANY NAME

MAILING ADDRESS

**IMPORTANT: THE FOLLOWING INSTRUCTIONS
MUST BE ADHERED TO:**

CITY STATE ZIP CODE

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a CHECK PAYABLE TO - " NJ DIVISION OF TAXATION -- INSURANCE TAX"

PLEASE REFER TO THE INSTRUCTIONS CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.

Mail to: Division of Taxation
PO Box 247 (200 Woolverton St. Bldg 20)
Trenton, NJ 08646-0247

ALSO

You must file a duplicate return with the Commissioner of Banking and Insurance at the same time.

Mail to: The Department of Banking and Insurance
PO Box 325 (20 West State Street)
Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 4.

**ANNUAL REPORT
Statement of Premium Taxes and Other Obligations**

Commissioner of Banking and Insurance, State of New Jersey :
Director, Division of Taxation, State of New Jersey :

The _____
incorporated or organized under the laws of New Jersey and with offices located at _____

MAILING ADDRESS OF OFFICE PREPARING RETURN

hereby submit the following statement for the calendar year ending December 31, 20 ____, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office: _____
STREET, CITY, ZIP CODE

_____, which is located in _____
NAME OF MUNICIPALITY* AND COUNTY

***Please be sure to indicate the actual municipality and not the New Jersey mailing address.**

Date of Incorporation or organized _____

Date first licensed in New Jersey _____

STATE OF _____

COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20 _____ before me _____

personally appeared _____
(INSERT SECRETARY OR U.S. MANAGER)

_____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the
day and year aforesaid.

(INSERT SECRETARY OR U.S. MANAGER)

(OFFICIAL TITLE)

IMPORTANT:
THIS BLOCK MUST BE COMPLETED
FEDERAL EMPLOYER IDENTIFICATION
NUMBER _____

(NAME & TITLE OF PARTY TO CONTACT REGARDING THIS RETURN) (PHONE NUMBER) (EMAIL ADDRESS)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

**SCHEDULE A
EXHIBIT OF TAXES
MUST BE COMPLETED BY ALL TAXPAYERS**

	(1)	(2)	(3)	STATE OF NEW JERSEY	
	DIRECT PREMIUMS	DIVIDENDS	TAXABLE PREMIUMS	RATE	TAX
1. Auto Liability and Physical Damage				2.1%	
2. Individual Accident and Health				2.1%	
3. Group Accident and Health				1.05%	
4. All Other (Except Ocean Marine and Fire)				2.1%	
5. Total Lines 1 thru 4				XXXX	
6. Fire Lines				2.1%	
7. Ocean Marine				XXXX	XXXXXX
8.					
9.					
10. Total Lines 5 thru 9, Must Agree with Line 35, of New Jersey State page of Annual Statements as filed with the New Jersey Department of Banking and Insurance.				XXXX	
11. Finance and Service Charges				2.1%	
12. Total (Lines 10 and 11)				XXXX	
TAXABLE PREMIUMS AS DETERMINED WITH REFERENCE TO N.J.S.A. 54:18A-6					
NOTE: If Taxable Premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Limitation), then Schedule B- Calculation of Taxable Premiums as Provided in N.J.S.A. 54:18A-6 - Other Than Life Companies must be completed.					
13. Taxable Premiums from Schedule B, Section II Line 3, Column B				2.1%	
14. Taxable Premiums from Schedule B, Section II Line 2, Column B				1.05%	
15. TOTAL (Lines 13 plus 14)				XXXX	
16. Total Tax (Lesser of Line 12, Column 4 or Line 15, Column 4)			XXXXXX		
17. Workers Compensation Premiums (included in Line 4 above)				0.25%	
18.					
19. Total Tax Due (Lines 16 thru 18)			XXXXXX	XXXX	
Workers Compensation Premiums per Line 17 Premiums Line 16 in New Jersey State page of Annual Statement		CALCULATION OF TOTAL AMOUNT DUE			
_____		20. Total Tax after Refundable Business Tax Credits (See Schedule BTC - If Line 3 is less than zero "0", enter the overpayment amount, otherwise "0") **			
_____		21. Total Tax after Remaining Business Tax Credits (See Schedule BTC - If Line 12 is greater than zero "0", enter the tax amount, otherwise "0") **			
Less Dividends _____		22. Other Credits * (Insurance Premium Tax Credits- Attach Supporting Documentation)			
Taxable Premiums _____ (Line 17, Column 3)		23. Retaliatory Tax Credit (attach completed Retaliatory Tax Credit Form w/supporting documentation)			
		24. Total Tax Credits (Sum of Lines 22 through 23)			
Total Loss Reserve (Estimated)		25. Balance of Tax Liability Due - Line 19, 20 or 21 Less Line 24 (See instructions)			
as per Title 34, Chapter 15, Article 7 of the "Revised Status" (Formerly submitted as "Workers Compensation Security Fund Return")		26. Credit for Prepayment of Premium Tax paid March 1 and June 1 of the prior calendar year.			
		27. Balance Due (Line 25 less Line 26)			
		28. Prepayment of Tax Liability due March 1st -- (50 % of Line 16)			
		29. Total Amount Due State of New Jersey (Line 27 Plus Line 28)			
		30. If Line 27 plus Line 28 is less than zero, enter the amount of the overpayment.			
		31. Amount of overpayment on Line 30 to be applied to Prepayment of Tax Liability due June 1st.			
		32. Amount to be refunded. (If Line 30 plus Line 31 is less than zero.)			
		33. Amount of Business Tax Credit carryforward available to be credited against next year's return. (Schedule BTC - If Line 12 is less than zero "0", enter amount here).			

PAYMENT OF THE AMOUNT INDICATED AT LINE 28 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.

* Requires proof of payment included with return (i.e., copies of cancelled checks)

** Requires original Tax Credit/Tax Credit Transfer Certificate and completed tax credit form be forwarded as per General Instructions.

A copy of New Jersey State page, and Schedule T, as filed with the NAIC, must be attached.

SCHEDULE B COMPANIES OTHER THAN LIFE CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6

INSTRUCTIONS

This schedule is to be completed *only* by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% Limitation).

If the company was licensed on or after June 30, 1984, complete *both* Section I and Section II.

If the company was licensed prior to June 30, 1984, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 12.

When completing Section I, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section I.

Schedule A, Lines 1 to 12, must still be completed by ALL TAXPAYERS.

SECTION I – COMPLETE ONLY IF LICENSED ON OR AFTER June 30, 1984

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.**

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company and its affiliates			
2. LESS: Premiums on Group Accident and Health Policies of the Company and its affiliates			
3. BALANCE – (Line 1 minus 2)			

SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)
1. TOTAL Premiums, including Finance and Service Charges, on all Policies of the company		
2. LESS: Premiums on Group Accident and Health Policies of the Company		
3. BALANCE – (Line 1 minus 2)		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 13 AND/OR 14 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

SCHEDULE BTC SUMMARY OF BUSINESS TAX CREDITS

THIS SCHEDULE MUST BE COMPLETED IF ONE OR MORE BUSINESS TAX CREDITS ARE CLAIMED FOR THE CURRENT TAX PERIOD.

SCHEDULE BTC		SUMMARY OF BUSINESS TAX CREDITS	
1. Enter Total Tax Amount - from Form DEXM page 2 Line 18, DEM page 2 Line 19, EXM page 3 Line 42, or EM page 3 Line 27.	1.		
REFUNDABLE BUSINESS TAX CREDITS			
2. Enter Business Employment Incentive Program Tax Credit (BEIP) from Form 324-IPT	2.		
3. Enter Total Tax after Refundable Business Tax Credits – subtract Line 2 from Line 1	3.		
4. If Line 1 minus Line 2 is less than zero, enter amount of overpayment to be refunded. (Enter here and on DEXM page 2 Line 19, DEM page 2 Line 20, EXM page 3 Line 43, or EM page 3 Line 28)	4.		
5. Enter Business Retention and Relocation Tax Credit from Form 316-IPT.	5.		
6. Enter Urban Transit Hub Tax Credit from Form 319-IPT.	6.		
7. Enter Grow NJ Tax Credit from Form 320-IPT.	7.		
8. Enter Residential Economic Redevelopment and Growth Tax Credit from Form 323-IPT.	8.		
9. Enter Neighborhood Revitalization State Tax Credit For Business Taxes Other Than The New Jersey Corporation Business Tax from Form 311-MISC	9.		
10. Enter Other Tax Credits (see instructions)	10.		
11. Remaining Business Tax Credits taken on this return – Add Lines 5 through 10.	11.		
12. Enter Total Tax after Remaining Business Tax Credits (If Line 3 is greater than or equal to zero, subtract Line 11 from Line 3)	12.		
13. If Line 12 is less than zero, enter amount of credit carryforward to next year’s return	13.		

DOMESTIC COMPANIES OTHER THAN LIFE GENERAL FILING INSTRUCTIONS

Listed below you will find instructions about areas to pay close attention to when completing the tax form:

1. **NAIC code** – At the top left side of the first page of the return is a space to provide the insurer’s five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Email address** has replaced the Contact Person’s Fax number on the front page of the return.
3. **Schedule A** – Please note that **Schedule A, including lines 1 through 12, must be completed by all taxpayers**, even if the taxpayer is calculating the tax based on the 12.5% limitation, indicated in Schedule B.
4. **See instructions below regarding changes to the tax forms.**
5. **Business Tax Credits** requested on Schedule A, require the original New Jersey Division of Taxation tax credit/transfer certificate, along with a cover letter summarizing the credits and copies of the applicable completed tax credit forms must be submitted, by mail, to the New Jersey Division of Taxation, Office of Legislative Analysis and Disclosure at P.O. Box 269, Trenton, NJ 08646-0269. **DO NOT INCLUDE THEM WITH THE RETURN.**
6. **Other Business Tax Credits:** On Schedule BTC, Line 11 provides for any valid business tax credit(s) allowable in accordance with the New Jersey Insurance Premium Tax that were not enacted at the time that this packet was printed. Any tax credit(s) claimed on this line must follow the same Business Tax Credit requirements.
7. **Other Credits** on Schedule A, include, but are not limited, to Insurance Premium Tax credits, such as the Special Purpose Assessment/Fraud Assessment for Retaliatory Tax calculation purposes, require supporting documentation in the form of copies of the assessment and the check issued in payment of the assessment. These documents **MUST** be submitted with the return or the credit will be denied.
8. **All credits** requested on Schedule A, require supporting documentation as proof of payment (i.e., copy of the check or cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
9. **Balance of Tax Liability Due** - If there is an amount on Line 20, or 21, other than “0”, use that amount. Otherwise, use Line 19, in calculating Line 25, Balance of Tax Liability Due.
10. **Penalty and Interest** – Any taxpayer that fails to file its return or pay tax when due, shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
11. **Overpayment** – Any **refundable** overpayment indicated on Schedule A, Line 30 must first be applied to the June 1 prepayment before any refund is issued.
12. **Affiliate Schedule** –A taxpayer determining its taxable premiums as provided in N.J.S.A. 54:18A-6, when completing Schedule B, Section I, **must** include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section I.

CHANGES TO THE TAX FORM

1. Lines, line numbers, and captions have been added or changed below Line 19, in accordance with changes to the Insurance Premium Tax.
2. Schedule BTC (Summary of Business Tax Credits) has been added to accommodate business tax credits applied against the Insurance Premium Tax.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6 (SCHEDULE B)

Column A Worldwide Premiums are defined as **Worldwide Premiums minus dividends paid or credited to policyholders.**

If the company *was* licensed on or after June 30, 1984, and the amount indicated at Section I, Column C, Line 3, *is not greater* than the amount indicated on Section I, Column B, Line 3, the company does not qualify to use this limitation. Taxable Premiums are to be those indicated on Schedule A, Line 12.

If the company *was* licensed on or after June 30, 1984, and the amount indicated on Section I, Column C, Line 3, *is greater* than the amount indicated on Section I, Column B, Line 3, taxable premiums are the amounts indicated on Section II, Column B. These amounts should be entered on Schedule A, applicable Line(s) (13, 14).

In addition, a detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must be submitted with this schedule.

If the company was licensed prior to June 30, 1984, and the amount indicated on Section II, Column B, Line 3, *is less* than taxable premiums indicated on Schedule A, Line 12, then enter amounts from Section II, Column B on Schedule A applicable Line(s) (13, 14). If the premium amount indicated at Section II, Column B, Line 3, *is not less* than taxable premiums indicated on Schedule A, Line 12, taxable premiums are those indicated on Schedule A, Line 12.

BUSINESS TAX CREDITS – SCHEDULE A LINE 20 & 21 SCHEDULE BTC (NEW)*

To claim these credits on Schedule A, the taxpayer must complete Schedule BTC, along with a copy of the appropriate completed tax credit form(s). **Beginning with the 2017 return filing period**, the original New Jersey Division of Taxation tax credit/tax credit transfer certificate, along with a cover letter and completed tax credit form(s) must be submitted, by mail, to the New Jersey Division of Taxation, Office of Legislative Analysis and Disclosure at P.O. Box 269, Trenton, NJ 08646-0269. **Certificates are not to be included with the return.** Failure to submit this documentation by mail will result in the delay and/or denial of the tax credit claimed.

BALANCE OF TAX LIABILITY DUE – LINE 25

If there is an amount on Line 20 or 21, other than “0”, use that amount. Otherwise, use Line 19, in calculating Line 25, Balance of Tax Liability Due.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayers with a prior year's tax liability of \$10,000 or more in any one tax are required to remit all tax payments using EFT.

For EFT program questions, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681, visit the Division of Revenue and Enterprise Services website at <https://www.nj.gov/treasury/revenue/efl.shtml>, or write to the Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at Schedule A, Line 29 must be transmitted in one transaction with an applicable year of **2017** and **Return Period Ending date coded as 171231**. A separate transaction for the prepayment tax liability due March 1st Line 28 is not required. The Prepayments of Tax liability due March 1st and June 1st will be credited automatically against the succeeding years' tax liability, when that years Insurance Premium Tax Return is processed.

EFT REMITTANCE INSTRUCTION

WHEN CODING THE EFT REMITTANCE: Return Period Ending MUST read 171231 ((YY) Year, (MM) Month, (DD) Day) for ALL payments associated with the 2017 tax return, including the tax liabilities and PREPAYMENTS due with the return on March 1 and on June 1. The same procedure must be followed for subsequent tax years, after adjusting the return period ending accordingly.

IMPORTANT NOTES

PAYMENT for the amount indicated at Schedule A, Line 29 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the front page of this return. **DO NOT** send payment amount to The Department of Banking and Insurance.

In the event, the taxpayer is simultaneously paying obligations to The Department of Banking and Insurance, (i.e., Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund etc.) these amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for the particular obligation.

****ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE ORIGINAL RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**