

Type or print the requested information

Federal Employer I.D. Number

Insurer NAIC Code Number _____

Company Name _____

Insurer NAIC Group Code Number _____

Mailing Address _____

City State ZIP Code _____

Important: The following instructions must be adhered to:

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
200 Woolverton St., Bldg. 20
PO Box 247
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
20 West State Street
PO Box 325
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 _____ } ss.
COUNTY OF _____

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 of 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)	(4) 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 through 4					
6.	Fire Lines				2.1%	
7.	Ocean Marine					
8.						
9.						
10.	Total lines 5 through 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.					
11.	Finance and Service Charges				2.1%	
12.	Total (lines 10 and 11)					

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)					
16.	Total Tax (Lesser of line 12, column 4 or line 15, column 4)					
17.	Workers Compensation Premiums (included in line 4 above)				0.25%	
18.						
19.	Total Tax Due (lines 16 through 18)					

CALCULATION OF TOTAL AMOUNT DUE

Workers Compensation Premiums per Line 17 Premiums Line 16 in New Jersey State page of Annual Statement Less Dividends Taxable Premiums (Line 17, column 3)	20.	Total Tax after Refundable Business Tax Credits (See Schedule BTC - If line 5 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")		
	22.	Other Insurance Premium Tax Credits - Attach Supporting Documentation*		
	23.	Retaliatory Tax Credit (attach completed Retaliatory Tax Credit Form w/supporting documentation)		
Total Loss Reserve (Estimated) _____ as per Title 34, Chapter 15, Article 7 of the "Revised Status" (Formerly submitted as "Workers Compensation Security Fund Return")	24.	Total Tax Credits (Sum of lines 22 through 23)		
	25.	Balance of Tax Liability Due - Line 19, 20 or 21 Less Line 24 (See instructions)		
	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 1 - (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 1.		
	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 ON LINE 29 MUST BE SUBMITTED IN ONE TRANSACTION, 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)
Follow General Filing Instructions carefully.

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

Refer to the Domestic Companies-General Filing Instructions in completing this return.

**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 in this state on or after June 30, 1984, complete *both* Section I and Section II.

If the company was licensed in this state 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 IN THIS STATE 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 when if any business tax credits and/or credit carryforwards are claimed for the current tax filing period. Instructions for claiming a credit are found on the corresponding tax credit form.

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 Neighborhood Revitalization State Tax Credit For Business Taxes Other Than The New Jersey Corporation Business Tax from Form 311-MISC	3.	
4.	Enter Total Tax after Refundable Business Tax Credits – subtract the sum of line 2 plus line 3 from line 1	4.	
5.	If the amount on line 4 is less than zero, enter the overpayment amount 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)	5.	
6.	Enter Business Retention and Relocation Tax Credit from Form 316-IPT	6.	
7.	Enter Urban Transit Hub Tax Credit from Form 319-IPT	7.	
8.	Enter Grow NJ Tax Credit from Form 320-IPT	8.	
9.	Enter Residential Economic Redevelopment and Growth Tax Credit from Form 323-IPT	9.	
10.	Enter Other Business Tax Credits (see General Filing Instructions)	10.	
11.	Remaining Business Tax Credits taken on this return – Add lines 6 through 10	11.	
12.	Enter Total Tax after Remaining Business Tax Credits (If line 4 is greater than or equal to zero, subtract line 11 from line 4)	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

Below are 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. **Date of Incorporation or organized** must be entered.
3. **Date first licensed in New Jersey** must be entered.
4. **Schedule A** – Please note, Schedule A, including lines 1 to 12, must be completed by all taxpayers, including taxpayers calculating their tax using the 12.5% Premium Tax Cap indicated in Schedule B.
5. **Business Tax Credits** – Schedule BTC must be completed when any Business Tax Credit is claimed, and a copy of the tax credit/tax credit transfer certificate and applicable tax credit form must be included with the return. Instructions for claiming a credit are found on the corresponding tax credit form on the Division's website at www.nj.gov/treasury/taxation/prntins.shtml
6. **Other Business Tax Credits** – Schedule BTC, line 10 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 made available. Any tax credit(s) claimed on this line must follow the same Business Tax Credit procedure as in #5 above.
7. **Other Insurance Premium Tax Credits** – Schedule A, line 22 is for Insurance Premium Tax credits allowed but not specifically detailed elsewhere within the return. They also require supporting documentation in the form of copies of the assessment/fee invoice and the check issued in payment of the credit. These documents **MUST** be submitted with the return or the credit will be denied.
8. **Guaranteed Fund Assessment Credit/Credit Recapture** – When requested on Schedule A, in Other Insurance Premiums Tax Credits, a Form GFA-IPT Calculation of Guaranty Fund Assessment Credit/Credit Recapture for Companies Other Than Life must be completed. Also, legible copies of the Class B Certificate of Contribution with Account Summary Detail, and a copy of the cancelled check issued in payment, must be submitted with the return or the credit will be denied. With multiple assessments in the same year, provide the credit calculation detail by assessment. For Credit Recapture, a copy of the GFA Association letter is required. All must reconcile to the credit requested.
9. **Credit for Prepayment of Premium Tax Paid – Line 26** – If the prepayment credit line includes amounts as a result of mergers/acquisitions or other amounts, provide a separate breakdown of the amount by entity name and Federal Tax ID#.
10. **Credits** requested on Schedule A require proof of payment or other supporting documentation (i.e., copy of the front and back of the cancelled check or EFT confirmation). These documents **MUST** be submitted with the return or the credit will be denied.
11. **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.
12. **Overpayment** – Any refundable overpayment indicated on Schedule A, line 30 must first be applied to the prepayment due June 1 or any other outstanding obligation, before any refund will be issued.
13. **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 Section I, column A.
14. **New Jersey State page and Schedule T** – A copy of both, must be attached to this return.
15. **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.

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

If New Jersey taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% Premium Tax Cap), then Schedule B, Companies Other Than Life Calculation of Taxable Premiums as provided in N.J.S.A. 54:18A-6 must be completed.

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

If the company was licensed in this state 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 in this state 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).

If the company was licensed in this state 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.

SCHEDULE BTC SUMMARY OF BUSINESS TAX CREDITS & SCHEDULE A LINES 20 & 21

To claim Business Tax Credits on Schedule A, this schedule must be completed and a **copy** of the tax credit/tax credit transfer certificate must be, included with the return.

1. If there is an overpayment amount on line 5, enter that amount on Schedule A, line, 20.
2. If there is an amount on line 12 greater than or equal to "0" zero, enter that amount on Schedule A, line 21.
3. If the amount on line 12 is less than "0" zero, enter the carryforward amount Schedule A, line 33.

Instructions for claiming a Business Tax Credit are found on the corresponding tax credit forms on the Division of Taxation website at www.state.nj.us/treasury/taxation/prntins.shtml

DOMESTIC COMPANIES OTHER THAN LIFE GENERAL FILING INSTRUCTIONS-cont'd**BALANCE OF TAX LIABILITY DUE – LINE 25**

When there are Business Tax Credits and a completed Schedule BTC, if there is an amount other than "0" to be entered on line 20 or 21, use that amount in calculating line 25.

When there are no Business Tax Credits, use line 19 to calculate line 25.

TOTAL AMOUNT DUE STATE OF NEW JERSEY – LINE 29

Total Amount Due State of New Jersey, which includes the March 1st prepayment, must be transmitted in **ONE** transaction with an applicable year of **2024** and **RETURN PERIOD ENDING date of 241231** to the Division of Taxation at the address indicated on the front page of this return. **DO NOT** send tax payments to The Department of Banking and Insurance.

DELIVERY RECEIPT CONFIRMATIONS

It has come to our attention that mail and delivery services/couriers do not maintain tracking information after 120 days. In the event confirmation of receipt is required by the Division of Taxation as proof of timely filing, the Division strongly suggests taxpayers keep copies of delivery receipt tracking information including but not limited to sending address, date and time sent, delivery address, date and time delivered, and any signatures, if applicable, for return filings and payments sent to the Division. Providing only the tracking number is insufficient. The confirmation of receipt must include all tracking information as advised above. If there is a dispute, without appropriate documentation it will be denied and the taxpayer remains noncompliant until all outstanding tax liabilities and/or obligations are paid.

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 tax are required to remit tax payments using EFT.

****FED Wires or other wire transfers are not acceptable methods of EFT payments****

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 www.state.nj.us/treasury/revenue/eff1.shtml, or write to the New Jersey Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

*****EFT REMITTANCE INSTRUCTIONS*****

When making payments by check or EFT, the Total Amount Due State of New Jersey due March 1, which includes the March 1st prepayment, must be transmitted in **ONE transaction**. A separate transaction for the March 1st prepayment is not recommended.

For processing purposes, payments by check or EFT associated with the **2024 tax return** are to use the return year **2024** and **RETURN PERIOD ENDING date of 241231 (YY) Year, (MM) Month, (DD) Day**.

Associated payments include but are not limited to the **Total Amount Due State of New Jersey due on or before March 1** (which includes the 3/1 50% prepayment) and the **Balance Due on or before June 1** (which includes the 6/1 50% prepayment). The same procedure must be followed for subsequent tax years after adjusting the return year, and Return Period Ending Date, accordingly.

IMPORTANT NOTE

If the taxpayer is paying obligations to The Department of Banking and Insurance, those amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for that obligation.