GOVERNMENT OF THE DISTRICT OF COLUMBIA

IA 25_T (Rev. 01/04)

DEPARTMENT OF INSURANCE AND SECURITIES REGULATION

INSURANCE BUREAU

WASHINGTON, D.C

TITLE

2004 INSTALLMENT REPORTING STATEMENT

DUE OR POSTMARKED ON OR BEFORE JUNE 1

for office use only

Name of Company:	Contact Person:	Group Code ('04): NAIC Co. Code: ----- Group Code ('03): (If changed)
Mailing Address:	Phone No.: Fax.: E-Mail:	State of Incorporation: FEIN No: -
Street Address:		Date Licensed in D.C.
Former Name, NAIC Company Code, State of Domicile and/or address if Changed Since Last Premium Tax Return:		

All insurers whose tax liability for the preceding calendar year was $1,000 or more must file an Installment Reporting Statement. Insurers whose preceding calendar year tax liability was zero, or less than $1,000 should not file the Installment Reporting Statement. Tax payment is due in one installment on or before the 1st day of June of the calendar year in which the taxed income is received. The installment shall be an amount equal to at least 50 percent of the total tax liability for the preceding calendar year. A penalty of 8 percent per month will be imposed until the appropriate tax installment is paid.

NOTE: PLEASE DO NOT STAPLE MULTIPLE INSTALLMENT REPORTING STATEMENTS TOGETHER

1. **Total tax for the preceding calendar year (premium tax plus retaliatory tax)** $_____.00
2. **One Single Installment for the year, due ❑ June 1st: (50% of line 1)** $_____.00
3. Less overpayment credit from previous year $_____.00
4. Total installment due with this statement (If negative please enter amount on Line 7) $_____.00
5. **Penalty (After June 1 postmark, 8% per month until paid, D.C. Code § 47-2609)** $_____.00
6. Total amount paid (Line 4 + Line 5) $_____.00
7. Remaining credit available $_____.00

For Dept. Use Only:
LOCKBOX
BATCH # _____

The Authorized Tax Officer should pay careful attention to the following:

		Yes	No
1.	**Has the installment statement been signed?**	❑	❑
2.	**Is there a check attached?**	❑	❑
3.	**Has the check been signed?**	❑	❑

SEE PAGE 2 FOR MAILING ADDRESS -- PLEASE USE THAT MAILING ADDRESS ONLY

		Yes	No
4.	Is the check made payable to the D.C. Treasurer?	❑	❑
5.	Is there a separate check for each company?	❑	❑
6.	Indicate check number _____ Amount $ _____		
7.	Is there a carry forward credit?	❑	❑

The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.

Please send tax return and checks to the following (LOCKBOX) address only:
Premium tax checks should be made payable to the D.C. TREASURER.

D.C. TREASURER
INSURANCE BUREAU
P.O. BOX 92180
WASHINGTON, D.C. 20090-2180

The undersigned authorized tax officer of the company certify under penalties provided by the laws of the District of Columbia, that this premium tax Installment Reporting Statement has been examined by me and is to the best of my knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Signed by Authorized Tax Officer	Title	Date