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Texas Semi-Annual Insurance Premium Tax Payment Worksheet (Licensed Insurance Companies, Licensed Captive Insurance Companies and Miscellaneous Organizations)

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a. Taxpayer number		b. Filing period		C.	d. Due	e date
	Taxpayer name	and tax report mailing address				
е.						
f Town of comics						
f. Type of carrier						
Insurers, including licens Option I or Option II.	sed captives, wit	h previous year's net prem	ium tax liability gre	eater than \$1,000	may elect to	make their prepayments und
	JSING PREVIOUS	YEAR'S NET PREMIUM TAX LI	ABILITY (See instruc	tions on back.)		
1. Amount of net premiu	m tax due (Line 2	27, Form 25-100 or Line 10, I	Form 25-124) from I	ast year's annual	tax report 1.	
2. Payment amount <i>(Mul</i> t	tiply Item 1 by 0.5	0)			2.	
OPTION II - CALCULATION	USING CURRENT	YEAR'S NET PREMIUM TAX LI	ABILITY (See instruct	ions on back.)		
3. Estimated amount of n	et premium tax	due in current vear			3.	
OPTION III - CALCULATION	WITH NO PREVIO	US YEAR'S NET PREMIUM TA	X LIABILITY OR REC	ENTLY LICENSED I	NSURERS (Se	e instructions on back.)
	000 of your two p	evious calendar quarters' gr			5.	
6. Multiply your two previous calendar quarters' gross life premiums or HMO revenues over \$450,000 by 0.0175						
7. Total payment amount on gross life premiums or HMO revenues (Item 5 plus Item 6)						
ACCIDENT AND HEALTH INSURANCE PREMIUMS (Licensed Captives, see instructions for rates.) 8. Multiply your two previous calendar quarters' gross accident and health premiums by 0.0175						
9. Multiply your two previ	ous calendar qua	E PREMIUMS (Licensed Ca rters' property and casualty p ums, by 0.016	oremiums,	•	9.	
TITLE INSURANCE PREMIUMS 10. Multiply your two previous calendar quarters' gross title premiums by 0.01351010.						
11. TOTAL PAYMENT DUE (Item 2 OR Item 4 OR the total of Items 7, 8 and 9 OR Item 10)11.						
1	DE	TACH BELOW AND KEEP T	HE UPPER PART F	OR YOUR RECO	RDS	1 ⊥
		RETURN ONLY THIS	S PART WITH YOUR P	PAYMENT		
Form 25-101 (Rev.8-24/27)					* 2 5 1 N	1 % 1 W % 8 2 4 2 7 *
Texas Semi-Annı	ual Insuran	ce Premium Tax F	Payment			
12. TOTAL AMOUNT DU	E AND PAYABLE	(Item 11)			12.	<u> </u>
Taxpayer name				g. ■		h.
■ T Code ■ Taxpayer number ■ Period I declare the information in this document and all attachments is true and correct to the best of my knowledge and belief. sign here						
	Mail to COMPTRO P.O. Box 14	LLER OF PUBLIC ACCOUNTS	Preparer's name	(Type or print.)		
payable to STATE COMPTROLLER	Daytime phone (Area code and i	number)		Date		

Instructions for Completing the Texas Semi-Annual Insurance Premium Tax Payment Worksheet

Licensed Insurance Companies, Licensed Captive Insurance 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 phone number listed on this form.

Semi-Annual Prepayment Due Dates

The first prepayment is due and payable March 1 for all licensed insurance companies and miscellaneous organizations, other than 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 licensed insurance companies and miscellaneous organizations is due and payable Aug. 1.

Previous Calendar 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 Calendar Year's Premium Tax Liability Greater Than \$1,000

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

OPTION I: THE PREVIOUS CALENDAR 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 calendar 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 Calendar Year's Premium Tax Liability of Zero or Recently Licensed Insurance Companies and Miscellaneous Organizations

OPTION III: THE PREVIOUS TWO CALENDAR QUARTERS' NET TAX LIABILITY

If a licensed insurance company or miscellaneous organization has no previous calendar year's net premium tax liability or is a recently licensed insurance company or miscellaneous organization, the semi-annual prepayment will be based on the aggregate of the gross premiums for the two previous calendar quarters at the minimum tax rate specified by law. It is possible to file a no tax due report for the previous calendar year, but still owe a prepayment for the current tax year.

Licensed captive insurance companies are taxed at a rate of .5% (.005); if the company did not pay a tax under Insurance Code, Chapter 223A during the previous calendar year, the semi-annual prepayment amount paid on March 1 and August 1 must be equal to the tax that would be owed on the aggregate of the gross premiums for the two previous calendar quarters. This payment may be less than the minimum tax due or more than the maximum tax due.

Miscellaneous Items

- Prepayments are based on the "Net Premium Tax Due" from the annual tax report (Form 25-100 or Form 25-124) 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 and 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

P.O. Box 149356 Austin, TX 78714-9356

For Assistance

If you have any questions regarding Insurance Tax, call 800-252-1387. Our website is www.comptroller.texas.gov.