

ALASKA DIVISION OF INSURANCE

2004 ANNUAL PREMIUM TAX REPORT INSTRUCTIONS

- >> Please be accurate in providing the requested data and check figures on final copy before submitting to the division.
- >> The monthly net premium should be net of exempt premiums and equal the monthly summaries sent to the division for the 2004 tax year.
- >> After completing the form print, sign, notarize, and return to one of the following addresses:

First Class Mail

(including Registered and Certified)
Alaska Division of Insurance
P.O. Box 110805
Juneau, AK 99811-0805

Express Delivery Only

Alaska Division of Insurance
333 Willoughby Avenue, 9th Floor
Juneau, AK 99801

The Premium Tax and Filing Fees payment must be received on or before March 1, 2005, and be paid by the Automated Clearing House (ACH) debit or credit payment method in order to avoid penalties per AS 21.34.180(f) and .190(b).

Other Important Notes:

1. The penalty for paying the tax late is \$50 a month plus five percent of the tax due per month up to a maximum of \$250 plus 25 percent of the tax due and interest of one percent a month.
2. The penalty for paying the filing fee late is \$250 plus two percent of the fee due per calendar month, or part of a month.
3. Compliance with the required due dates for payments is determined by the date the ACH payment is received in the State of Alaska's bank account. **It is imperative that all banking information is current with the state at the time of a debit transaction.** Instructions and authorization forms to update bank information are available at: www.commerce.state.ak.us/insurance/eft.htm
4. If payment is not received by the Automated Clearing House payment method, a penalty of 25 percent of the tax due will be assessed, with a minimum of \$100 and maximum of \$2,000.
5. If the due date falls on a weekend or holiday, payment is due the next business day.
6. Premium tax refunds must be requested by letter and include supporting documentation.
7. If you placed wet marine and transportation risks, you must file the Unauthorized Insurer's Premium Tax Report, Form 08-1240, located at: www.commerce.state.ak.us/insurance/taxpacks.htm
8. If the 2004 premium tax is \$10,000 or more, the surplus lines broker is required to pay quarterly estimated premium tax during 2005 on or before May 31, August 31, and November 30. The amount to be paid is either 25% of the 2004 premium tax paid then calculating actual tax due on or before March 1 or the actual tax due for the three corresponding three-month periods as follows:

May 31	January, February, and March
August 31	April, May, and June
November 30	July, August, and September
March 1	October, November, and December

IF YOU HAVE ANY QUESTIONS, PLEASE CALL REBECCA NESHEIM AT (907) 465-2584 OR EMAIL rebecca_nesheim@commerce.state.ak.us

ALASKA DIVISION OF INSURANCE
PO BOX 110805
JUNEAU, AK 99811-0805
2004 ANNUAL PREMIUM TAX REPORT
Must be postmarked on or before March 1, 2005

Surplus Lines Broker	Assigned ACH #
Mailing Address	City, State, Zip Code
Surplus Lines Broker License #	

	MONTHLY NET PREMIUM LESS EXEMPT PREMIUMS	PREMIUM TAX 2.7%	FILING FEE 1%
JANUARY	\$ _____	\$ _____	\$ _____
FEBRUARY	\$ _____	\$ _____	\$ _____
MARCH	\$ _____	\$ _____	\$ _____
APRIL	\$ _____	\$ _____	\$ _____
MAY	\$ _____	\$ _____	\$ _____
JUNE	\$ _____	\$ _____	\$ _____
JULY	\$ _____	\$ _____	\$ _____
AUGUST	\$ _____	\$ _____	\$ _____
SEPTEMBER	\$ _____	\$ _____	\$ _____
OCTOBER	\$ _____	\$ _____	\$ _____
NOVEMBER	\$ _____	\$ _____	\$ _____
DECEMBER	\$ _____	\$ _____	\$ _____
YEAR TOTAL	\$ _____	\$ _____	\$ _____

	TAX TYPE	AMT TYPE		AMT TYPE	
Year Total			\$		\$ _____
Less: Already Paid in Alaska			\$		\$ _____
Net Tax & Fee Payable by ACH	07150	T	\$	F	\$ _____
Total Tax & Fees					\$ _____

State of _____
I, _____, being duly sworn, say that I am a surplus lines broker of the above-named surplus lines broker license, and that the annual premium tax report of premiums, taxes and fees is complete, true and correct and includes all premiums, taxes and fees on surplus lines insurance for risks resident, located, or to be performed in Alaska for the year ended December 31, 2004.

Signature and Title

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____