



State of Illinois
Calendar Year 2011 Fire Marshal Tax Return

Illinois Department of Insurance
 P.O. Box 7087
 Springfield, IL 62791

Payable: On or before March 31, 2012 for Direct Business During the Calendar Year 2011

Web Site: www.insurance.illinois.gov (Department Links>Companies>Tax Forms)

Federal Employer Identification Number: _____

By the _____ Insurance Company

of _____
Street and Number City State Zip Code

For the calendar year 2011 as required by "425 ILCS 25/12" of the Illinois Compiled Statutes.

Worksheet on reverse side must be completed first

- 1. Net amount of taxable premiums from Line 14 on back \$ _____
- 2. Tax due (1% of Line 1) \$ _____
- 3. Fire Marshal Tax Credit (deduct prior year overpayment; attach copy of credit letter) \$ _____
- 4. Amount of tax paid (subtract Line 3 from Line 2) \$ _____
- 5. Penalty for failure to file tax return (\$400/month or 10% of tax, whichever is greater) \$ _____
- 6. Penalty for failure to pay tax (10% of tax due) \$ _____
- 7. Interest on tax paid after due date (IRS rate during tax period, 12% minimum) \$ _____
- 8. Total penalty and interest (add Lines 5 through 7) \$ _____
- 9. Balance due (Line 4 plus Line 8) \$ _____

**A separate check is requested for each company of an insurance group and for each tax or fee.
 You must complete and return this return, even if no tax is due.**

The undersigned President and Secretary of the _____ Insurance Company, being duly sworn upon their oaths say that the foregoing report and the statements contained therein and each and every one of them are true and correct.

Secretary's signature _____ Date _____ President's signature _____ Date _____

Contact Person and e-mail address: _____

Phone: (____) _____

Remittance should be payable to **Illinois State Treasurer** and mailed with the completed tax return to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60.

Important Notice: Disclosure of this information is *required* under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.

Illinois Fire Marshal Tax Worksheet

Calendar Year 2011

FEIN #: _____

Name of Company: _____

| Line of Business & Corresponding Line from Page 19, Annual Statement | Net Direct Premium (Col. 1 less Col. 3, Page 19) | Illinois *FAIR Plan Premiums | Percentage Applicable | Taxable Premium |
|---|---|------------------------------------|--------------------------|--------------------|
| 1. Fire | _____ | Less _____ | 100% | _____ |
| 2. Allied Lines | _____ | Less _____ | 25% | _____ |
| 3. Multiple Peril Crop | _____ | | 1% | _____ |
| 4. Farmowners M.P. | _____ | | 40% | _____ |
| 5. Homeowners M.P. | _____ | Less _____ | 40% | _____ |
| 6. Commercial M.P. (non-liability) | _____ | | 40% | _____ |
| 7. Ocean Marine | _____ | | 15% | _____ |
| 8. Inland Marine | _____ | | 15% | _____ |
| 9. Earthquake | _____ | | 25% | _____ |
| 10. Private Pass. Auto P/Dam. TOTAL | 21.1 _____ | | 5% | _____ |
| 11. Commercial Auto P/Dam. TOTAL | 21.2 _____ | | 5% | _____ |
| 12. Aircraft (all perils) | 22. _____ | | 10% | _____ |
| 13. Other | _____ | | % | _____ |
| 14. Total Taxable Premiums (carry forward to line 1 reverse side) | _____ | | | \$ _____ |
| 15. Fire Marshal Tax Rate | _____ | | | \$ _____ x 1% |
| 16. Fire Marshal Tax (carry forward to Line 2, reverse side) | _____ | | | \$ _____ |

*Do not include the FAIR Plan premiums as taxable direct premium written. The FAIR Plan will pay the Fire Marshal tax on these premiums.
 IL446-0124 p.2