State of Illinois

Privilege and Retaliatory Tax Quarterly Installment

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

All companies whose annual tax for the preceding calendar year was less than $5,000 need not file this installment.

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

2015 Calendar Year--Indicate which filing:
- ☐ April 15, 2015
- ☐ June 15, 2015
- ☐ September 15, 2015
- ☐ December 15, 2015

Privilege Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

1. 2014 Privilege Tax from Page 6, Line 1 of the Privilege and Retaliatory Tax Return ..... $ _____
2. Installment amount due is 1/4 of Line 1 ..... $ _____

PART B-BASED ON CURRENT CALENDAR YEAR

3. 2015 Estimated Privilege Tax on taxable premiums ..... $ _____
   - 3a. Less: Estimated Fire Department Taxes to be paid in 2015, if applicable ..... $ _____
   - 3b. Less: Estimated Intergradation 2015 excess Income Tax Offset, if applicable ..... $ _____
4. Net Privilege Tax for 2015 (Line 3 minus sum of 3a and 3b) ..... $ _____
5. 80% of Line 4 to be paid in 2014 ..... $ _____
6. Installment amount due is 1/4 of Line 5 ..... $ _____

Retaliatory Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

7. 2014 Retaliatory Tax from Page 6, Line 2 of Privilege and Retaliatory Tax Return ..... $ _____
8. Installment amount due is 1/4 of Line 7 ..... $ _____

PART B-BASED ON CURRENT CALENDAR YEAR

9. 80% of 2015 Estimated Retaliatory Tax ..... $ _____
10. Installment amount due is 1/4 of Line 9 ..... $ _____

Payment

11. Amount due as a Privilege Tax from Line 2 or Line 6 ..... $ _____
12. Amount due as a Retaliatory Tax either Line 8 or Line 10 ..... $ _____
13. Amount due this installment, Line 11 plus Line 12 ..... $ _____
14. Less: Prior calendar year Privilege or Retaliatory Tax overpayment (amount may not be more than Line 13) ..... $ _____
15. Amount of tax payment due this installment, Line 13 minus Line 14 ..... $ _____
16. Penalty for failure to file tax statement ($400/month or 10% of tax, whichever is greater) ..... $ _____
17. Penalty for failure to pay tax (10% of tax due) ..... $ _____
18. Interest on tax paid after due date (current IRS rate or 12% minimum) ..... $ _____
19. Total penalty and interest (add lines 16 through 18) ..... $ _____
20. Balance due (Line 15 plus Line 19) ..... $ _____

I certify that this is a true, correct and complete Declaration of taxes due *(print name)*. _____

Signature of Company Officer	Date	E-mail

Please complete and return one copy of this tax installment each quarter. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60. **Remittance should be payable to the Illinois State Treasurer and mailed to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791.**

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.