



State of Illinois  
**Calendar Year 2015 Fire Marshal Tax Return for Farm Mutuals**

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

Payable: March 31, 2016 for Direct Business During the Calendar Year 2015

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

Federal Employer Identification Number: \_\_\_\_\_

By the \_\_\_\_\_ Farm Mutual

of \_\_\_\_\_  
Street and Number City State Zip Code

For the year ending the last day of December, 2015 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 worksheet Line 3 ..... \$ \_\_\_\_\_
2. Tax due (1% of Line 1) ..... \$ \_\_\_\_\_
3. Fire Marshal Tax Credit (deduct prior year overpayment, if any) ..... \$ \_\_\_\_\_
4. Amount of tax paid (subtract Line 3 from Line 2) ..... \$ \_\_\_\_\_
5. Penalty for failure to file tax statement (\$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) ..... \$ \_\_\_\_\_

**You must complete and return this tax 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 2015**

**FEIN #:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

	<u>Line of Business</u>	<u>Premiums Written</u>	<u>Percentage Applicable</u>	<u>Taxable Premium</u>
1.	*Fire and Allied Lines	_____	75%	_____
2.	**Wind	_____	1%	_____
3.	Total Taxable Premiums (carry forward to Line 1 reverse side) .....			_____
4.	Fire Marshal Tax Rate .....			x1%
5.	Fire Marshal Tax (carry forward to Line 2, reverse side) .....			_____

\* The amount shown on Line 1 above **must be identical** to the amount shown on Page 17, Column 1 of the current year Annual Statement on the Fire and Extended Coverage Lines.

\*\* Does the company include crop hail premium on Page 17, Column 1 of the current year Annual Statement on the Wind Line? If so, the amount shown on Line 2 above **must be identical** to the amount shown on Page 17, Column 2 of the current year Annual Statement on the Wind Line; otherwise, leave Line 2 above blank. \_\_\_\_\_