



State of Illinois
Calendar Year 2016 Fire Marshal Tax Return for Farm Mutuals

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

Payable: March 31, 2017 for Direct Business During the Calendar Year 2016

Web Site: 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, 2016 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 2016

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	_____	<u>75%</u>	_____
2.	**Wind	_____	<u>1%</u>	_____
3.	Total Taxable Premiums (carry forward to Line 1 reverse side)			_____
4.	Fire Marshal Tax Rate			<u>x1%</u>
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. _____