**State of Illinois**  
**Privilege and Retaliatory Tax Quarterly Installment**

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

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<tr>
<th>Federal Employer Identification Number:</th>
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By the __________________________ Insurance Company

<table>
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<tr>
<th>Street and Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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### Privilege Tax

**PART A-BASED ON PRIOR YEAR TOTAL TAX**

1. 2018 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. 2019 Estimated Privilege Tax on taxable premiums $______
   - Less: Estimated Fire Department Taxes to be paid in 2019, if applicable $______
   - Less: Estimated Intergradation 2019 excess Income Tax Offset, if applicable $______
   - Less: New Markets Tax Credit Offset, if applicable $______
4. Net Privilege Tax for 2019 (Line 3 minus sum of 3a, 3b, and 3c) $______
5. 80% of Line 4 to be paid in 2019 $______
6. Installment amount due is 1/4 of Line 5 $______

### Retaliatory Tax

**PART A-BASED ON PRIOR YEAR TOTAL TAX**

7. 2018 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 2019 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. Total amount due this installment, Line 11 plus Line 12 $______
   (amount may not be more than Line 13) $______
15. Balance due on this installment, Line 13 minus Line 14 $______

*Note: If applicable, the Department may assess a penalty for failure to file and failure to pay estimates, including underpayment of estimates, at a later date.*

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

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<tr>
<th>Signature of Company Officer</th>
<th>Date</th>
<th>E-mail</th>
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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 and mailed to the 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.