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)

**Federal Employer Identification Number: ___ ___ ___ ___ ___ ___ ___ ___ ___**

By the ____________________________________________ Insurance Company

<table>
<thead>
<tr>
<th>Street and Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2020 Calendar Year--Indicate which filing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ April 15, 2020</td>
</tr>
<tr>
<td>☐ June 15, 2020</td>
</tr>
<tr>
<td>☐ September 15, 2020</td>
</tr>
<tr>
<td>☐ December 15, 2020</td>
</tr>
</tbody>
</table>

**Privilege Tax**

1. 2019 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. 2020 Estimated Privilege Tax on taxable premiums .................................................. $  
   3a. Less: Estimated Fire Department Taxes to be paid in 2020, if applicable .......................... $  
   3b. Less: Estimated Intergradation 2020 excess Income Tax Offset, if applicable ................. $  
   3c. Less: New Markets Tax Credit Offset, if applicable ................................................. $  
4. Net Privilege Tax for 2020 (Line 3 minus sum of 3a, 3b, and 3c) ........................................... $  
5. 80% of Line 4 to be paid in 2020 ............................................................... $  
6. Installment amount due is 1/4 of Line 5 .................................................. $  

**Retaliatory Tax**

7. 2019 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 2020 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). ____________________________

**Signature of Company Officer**

<table>
<thead>
<tr>
<th>Date</th>
<th>E-mail</th>
</tr>
</thead>
</table>

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.