

Nevada Department of Taxation
 3850 Arrowhead Dr., 2nd Floor
 Carson City, NV 89706
 Phone: (775) 684-2000
 Fax: (775) 684-2020

Due Date **March 15, 2019**

Taxpayer ID: _____
 Federal ID: _____
 Premium Tax: _____
 Retaliatory Tax: _____
 Total Remittance: _____

**ANNUAL INDUSTRIAL INSURANCE (WORKERS COMPENSATION)
 RECONCILIATION PREMIUM TAX RETURN 2018**

Department Use Only

Amount: _____
 Check No: _____
 Date Rec'd: _____
 Initials: _____

Net Quarterly Taxable Premiums/Considerations

	REPORTED (A)	ACTUAL (B)	
1. March 31, 2018	1.		
2. June 30, 2018	2.		
3. September 30, 2018	3.		
4. December 31, 2018	4.		
5. Total Premiums/Considerations (Add Lines 1 through 4) OR <input type="checkbox"/> Annual Filer under \$2000 threshold	5.		
6. Total Industrial Insurance Premiums (Line 5, column B – <i>Must agree with Schedule 1, Line 3A</i>)			6. <input type="text"/>
7. Gross Premium Tax (3.5% of Line 6 – <i>Must agree with Schedule 1, Line 4 A</i>)			7. <input type="text"/>
8. Estimated Total Home Office Credit, as approved and determined by the Department of Taxation (NRS 680B.050)- Home Office Credit Worksheet must be attached.			8. <input type="text"/>
9. Property/Casualty Guaranty Association Credit (NRS 687A)			9. <input type="text"/>
10a. Film Tax Credit	10a.	<input type="text"/>	
10b. New Markets Jobs Credit	10b.	<input type="text"/>	
10c. Economic Development Transferable Tax Credit	10c.	<input type="text"/>	
11. Division of Industrial Insurance (DIR) Credit (NRS 680B.036)			11. <input type="text"/>
12. Subtotal of Industrial Insurance Premium Tax Due (Line 7 minus Lines 8 through 11)			12. <input type="text"/>
13. Total Payments made with Quarterly Returns (Do Not Include any Penalty and/or Interest)			13. <input type="text"/>
14. Net Industrial Insurance Premium Tax Due (Line 12 minus Line 13)			14. <input type="text"/>
15. Penalty (See Instructions for rate)			15. <input type="text"/>
16. Daily Interest. Premium Tax Due (Line 14) multiplied by .00049315068 multiplied by the number of days late			16. <input type="text"/>
17. Total Industrial Insurance Premium Tax Due (Line 14 plus Lines 15 and 16)			17. <input type="text"/>

If Line 17 results in an overpayment, the overpayment may be refunded.
 Amount to be refunded.....

Please indicate if this company files any of the following returns (Please check all that apply)

Insurance Premium Tax Industrial Insurance Premium Tax Retaliatory Tax

**A COPY OF THE NEVADA PAGE FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED
 A COPY OF THE SCHEDULE T FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED**

NRS REQUIRES THIS RETURN MUST BE SIGNED

I hereby declare under penalty of perjury that this premium tax report (including any accompanying schedules and statements) has been examined by me and is true, correct and complete report.

Signature of Taxpayer or Authorized Agent	Printed Name of Taxpayer or Authorized Agent	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email:	Date:
	<input type="text"/>	<input type="text"/>

**SCHEDULE 1
INDUSTRIAL INSURANCE PREMIUM TAX AND FEES ON RETALIATORY BASIS
(WORKERS COMPENSATION)**

FOR YEAR ENDING DECEMBER 31, 2018

	(A) NEVADA BASIS	(B) STATE OF DOMICILE
1. Gross Annual Premiums (Industrial Insurance Only)	1a. <input type="text"/>	1b. <input type="text"/>
2. Dividends Paid or Credited to Policy Holders	2a. <input type="text"/>	2b. <input type="text"/>
3. Gross Premiums written minus Dividends paid or Credited to Policy Holders	3a. <input type="text"/>	3b. <input type="text"/>
4. Taxes Payable (according to applicable rate) (Tax Rate for Nevada is 3.5%) Must agree with Line 7, IIP-R on Annual Reconciliation Return	4a. <input type="text"/>	4b. <input type="text"/>
5. Retaliatory Assessment	5a. <input type="text"/>	5b. <input type="text"/>

By submitting this form electronically I certify that I am an authorized agent and hereby declare under penalty and perjury that this premium tax report (including any accompanying schedules and statements) has been examined by me and is a true, correct and complete report

You must include the Schedule T and NAIC state page, along with all other supporting documentation with this return.

Payment can be made online at www.tax.nv.gov using your online payment account. Your email, including attachments cannot exceed 10 MB.

OR

The return and payment can be mailed to the address listed on top of Page 1 of the return. Return must be signed before being submitted to the Department of Taxation.

INDUSTRIAL INSURANCE PREMIUM TAX ANNUAL RECONCILIATION RETURN (WORKERS COMPENSATION) INSTRUCTIONS

**A COPY OF THE NEVADA PAGE FROM ANNUAL NAIC STATEMENT MUST BE ATTACHED
A COPY OF THE SCHEDULE T FROM THE ANNUAL NAIC STATEMENT MUST BE ATTACHED**

This form is to be used for all Annual filers. This annual return is a reconciliation of the calendar year. The Nevada premium tax rate is 3.5%.

Annual Reconciliation Return

Lines 1-4. Column A - Enter the total Premiums/Consideration tax **reported**.

Column B – Enter the total actual Premiums/Considerations written. The Nevada Department of Taxation requires written premium reported on the quarterly returns; therefore if the amounts in the “actual” column are higher than the amounts in the “reported” column penalties and interest may apply.

Line 5. Total Premium/Considerations-add Lines 1 through 4. For those filers who paid under \$2000 in the previous year, please mark the Annual box and complete line 5 Actual Total Premiums column. **For those insurers who file a NEGATIVE FIGURE for any of lines 1-5 (in the “Actual” column) must include a statement of disclosure detailing the occurrence to include the date the tax was originally reported, the effective/start date of policy, the date the policy cancelled/returned/adjusted and details to substantiate the negative figure(s). Negative figures filed without a valid statement of disclosure will not be accepted.**

Line 6. *Net Direct Premiums* – Enter the amount of Line 5 Column B.

Line 7. *Gross Industrial Insurance Premium Tax* - Enter the amount of Gross Premium Tax. Multiply Line 6 by 3.5% or 0.035.

Line 8. Estimated Total Home Office Credit as approved and determined by the Department of Taxation. **The Home Office Credit Worksheet and supporting Ad Valorem documentation must be attached to receive this credit-Worksheet located at tax.nv.gov.**

Line 9. Enter the amount of Property/Casualty Guaranty Association credit earned this year.

Line 10a. *Film Tax Credit* – This figure is from the Certificate of Tax Credit form that must be filled out and attached.

Line 10b. *New Markets Jobs Credit* - This figure is from the Certificate of Tax Credit form that must be filled out and attached.

Line 10c. *Economic Development Transferable Tax Credit* - This figure is from the Certificate of Tax Credit form that must be filled out and attached.

Line 11. Industrial Insurance Credit - Enter the amount of Industrial Relations Credit to be applied towards tax due. Each insurer providing Industrial Insurance in this state is entitled to a credit against the premium tax paid equal to the assessment paid to Division of Industrial Relations. (NRS 680B.036).

Line 12. *Subtotal of Industrial Premium Tax Due* – (Line 7 minus Lines 8 through 11)

Line 13. Enter the amount of all payments made on the Industrial Insurance quarterly premium tax returns.

Line 14. *Net Industrial Premium Tax Due.* Enter the amount of Net Premium Tax due. Line 12 minus Lines 13.

Line 15. *Penalty.* The Nevada Department of Taxation requires written premium reported on the quarterly returns; therefore if the amounts in the “actual” column are higher than the amounts in the “reported” column penalties and interest may apply. The maximum penalty is 10%.

Number of days late	Penalty Percentage	Multiply by:
1 - 10	2%	0.02
11 - 15	4%	0.04
16 - 20	6%	0.06
21- 30	8%	0.08
31 +	10%	0.10

Determine the number of days late the payment is, and multiply the net tax owed (Line 14) by the appropriate rate based on the table above. The result is the amount of penalty that should be entered. For example, the taxes were due January 31 but not paid until February 15, the penalty is 4%.

Line 16. Daily Interest - If this return will not be postmarked and the taxes paid on or before the due date as shown on the face of this return, interest will be calculated daily. Line 16 multiplied by .00049315068 multiplied by the number of days late.

Line 17. Add Lines 14, 15, and 16 and enter the result here. This is the total amount of tax, penalties, and interest due. If the calculated amount results in a overpayment, please enter the amount to be refunded in the box below Line 17. A refund request of a valid overpayment must be received within 1 year of when the tax was due (NRS 680B.20) otherwise overpayments will be absorbed by the Department (NRS 680B.060). If you owe premium tax and/or retaliatory assessment, make check payable to the Department of Taxation. If you wish for the refund to be issued to a different address please provide a separate letter requesting that the refund be issued to a different address and a contact persons' credentials.

Schedule 1

The Retaliatory provisions provided in NRS 680A.330 requires you to use the higher tax rate charged by your domiciliary state.

Line 1a - 1b. Gross Premiums/Considerations – defined as all direct premiums written during the year for workers compensation.

Line 2a - 2b. Dividends Paid or Credited to Policy Holders

Line 3a - 3b. Net Premiums written. Line 1 minus Line 2.

Line 4a - 4b. Premium Taxes owed. Column A: Line 3 multiplied by 3.5% or 0.035. Column B Line 3 multiplied by the workers compensation Tax rate of the State of domicile.

Line 5a - 5b. Retaliatory Assessment – if 4b is greater than 4a, enter the difference here. This will be the Retaliatory assessment owed.