

**Nevada Department of Taxation**

1550 College Parkway, Rm. 115

Carson City, NV 89706

Phone: (775) 684-2000

Fax: (775) 684-2020

**QUARTERLY INDUSTRIAL INSURANCE PREMIUM TAX RETURN**

Taxpayer ID: \_\_\_\_\_

Federal ID: \_\_\_\_\_

| Department Use Only |       |
|---------------------|-------|
| Amount              | _____ |
| Check No.           | _____ |
| Postmark Date       | _____ |
| Initials            | _____ |

Period Ending: \_\_\_\_\_

Due Date: \_\_\_\_\_

Net Quarterly Taxable Premiums/Considerations – **INDUSTRIAL INSURANCE ONLY**

1. Amount of taxable net direct Industrial Insurance premiums/net direct considerations written this quarter (cannot be a negative figure)

2. Gross Premium Tax (3.5% or .035 of Line 1)

3. Property/Casualty Guaranty Association Credit (NRS 687A)

|    |       |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |

4a. Film Tax Credit

4a.

4b. New Markets Jobs Credit

4b.

4c. Transferable Economic Development Tax Credit

4c.

4d. 2014 SB1 Qualified Project Credit

4d.

4e. Affordable Housing Credit

4e.

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

5. Division of Industrial Insurance (DIR) Credit (NRS 680B.036)

6. Net Premium Tax Due (Line 2 minus Lines 3 through 5)

7. Overpayment from prior periods

8. Penalty (See Instructions for rate)

9. Daily Interest. Net Premium Tax due (Line 6) multiplied by .00049315068 multiplied by the number of days late

10. TOTAL AMOUNT DUE (Line 6 minus Line 8 plus Lines 9 and 10)

|     |       |
|-----|-------|
| 5.  | _____ |
| 6.  | _____ |
| 7.  | _____ |
| 8.  | _____ |
| 9.  | _____ |
| 10. | _____ |

**NRS REQUIRES THAT THIS RETURN MUST BE SIGNED**

I hereby declare under penalty of perjury that this Premium Tax return has been examined by me and is a true, correct and complete report.

Signature of Taxpayer or Authorized Agent

Printed name of Taxpayer or Authorized Agent

Telephone

|       |              |             |
|-------|--------------|-------------|
| _____ | _____        | _____       |
|       | Email: _____ | Date: _____ |

**Please see page 2 for instructions on how to submit this return.**

**INSTRUCTIONS FOR SUBMITTING INDUSTRIAL INSURANCE  
PREMIUM TAX QUARTERLY RETURN**

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.

Payment can be made online at [www.tax.nv.gov](http://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.

While the Department of Taxation enforces Nevada Revised Statute (NRS) 680B.025 through 680B.120, the statutes and regulations governing the waiver of penalty and/or interest do not allow a waiver of penalty or interest on premium tax. Therefore, the Department does not have the statutory authority to waive any such penalties and interest related to premium taxes found in NRS 680B.027.

**INSTRUCTIONS FOR INDUSTRIAL INSURANCE PREMIUM TAX QUARTERLY RETURN  
FOR NET PREMIUM TAX INDUSTRIAL INSURANCE ONLY**

**Line 1.** Enter the amount of taxable net direct Industrial Insurance premiums/net direct considerations written this quarter. **This cannot be a negative figure.**

**Line 2.** Enter the amount of Gross Premium Tax. Multiply Line 1 by 3.5% or .035.

**Line 3.** Enter the amount of Property/Casualty Guaranty Association credit to be used this quarter.

**Line 4a.** *Film Tax Credit* – This figure is from the Certificate of Tax Credit form that must be completed and **attached**.

**Line 4b.** *New Markets Job Credit* – This figure is from the New Market's Job Tax Credit form that must be completed and **attached**.

**Line 4c.** *Transferable Economic Development Tax Credit* – This figure is from the Transferable Economic Development Tax Credit form that must be completed and **attached**.

**Line 4d.** *2014 SB1 Qualified Project Credit* -This figure is from the Certificate of Tax Credit form that must be completed and **attached**.

**Line 4e.** *Affordable Housing Credit* – This figure is from the Construction Housing Credit form that must be completed and **attached**.

**Line 5.** Enter the amount of Industrial Insurance Credit. This is the amount paid to Division of Industrial Relations during this quarter.

**Line 6.** Enter the amount of Net Premium Tax due. Lines 2 minus Lines 3 through 5.

**Line 7.** *Overpayment from prior periods* – Enter the amount of overpayments as established by the Department during the current reporting tax year.

**Line 8.** If this return is not submitted/postmarked and taxes are not paid on or before the due date as shown on the face of this return, the amount of penalty due is: a) For returns with Period(s) ending prior to and including 3/31/07 the Penalty is 10%; b) For returns with Period(s) ending 4/30/07 and after; the amount of penalty due is based on the number of days the payment is late per NAC 360.395 (see table below). The maximum penalty amount 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 6) by the appropriate rate based on the table above. The result is the amount of penalty that should be entered. For Example, if the taxes were due January 31 but not paid until February 15, the penalty is 4%.

**Line 9.** 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 6 multiplied by .00049315068 multiplied by the number of days late.

**Line 10.** Enter the total amount paid with this return.

If you have questions concerning this return, please call the Insurance Tax Examiner at 775-684-2128.