

Nevada Department of Taxation
 1550 College Parkway, Rm. 115
 Carson City, NV 89706
 Phone: (775) 684-2000
 Fax: (775) 684-2020

Taxpayer ID: _____
 Federal ID: _____

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

Period Ending: _____
 Due Date: _____

QUARTERLY INSURANCE PREMIUM TAX RETURN

Net Quarterly Taxable Premiums/Considerations - **DO NOT INCLUDE INDUSTRIAL INSURANCE**

- | | |
|---|----|
| 1. Amount of taxable net direct premiums/direct considerations written this quarter (cannot be a negative figure) | 1. |
| 2. Gross Premium Tax (3.5% or 0.035 of Line 1) OR qualified Risk Retention Groups (2% or 0.02 of Line 1) | 2. |
| 3. Property/Casualty Guaranty Association Credit (NRS 687A) | 3. |
| 4. Life/Health Guaranty Association Offset (NRS 686C) to be used on 4th quarter return only | 4. |

- | | |
|--|-----|
| 5a. Film Tax Credit | 5a. |
| 5b. New Markets Jobs Credit | 5b. |
| 5c. Transferable Economic Development Tax Credit | 5c. |
| 5d. 2014 SB1 Qualified Project Credit | 5d. |
| 5e. Affordable Housing Credit | 5e. |

- | | |
|---|-----|
| 6. Net Premium Tax Due (Line 2 minus Lines 3 through 5e) | 6. |
| 7. Overpayments from prior periods | 7. |
| 8. Penalty (See Instructions for rate) | 8. |
| 9. Daily Interest. Net Premium Tax due (Line 6) multiplied by 0.00049315068 multiplied by the number of days late | 9. |
| 10. TOTAL AMOUNT DUE (Lines 6 minus Line 7 plus Lines 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 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 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.

**INSTRUCTIONS FOR INSURANCE PREMIUM TAX QUARTERLY RETURN
FOR NET PREMIUM TAX INSURANCE
DO NOT INCLUDE INDUSTRIAL INSURANCE**

Line 1. Enter the amount of taxable net direct Insurance premiums/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 0.035 OR if a qualified Risk Retention Group by 2% or 0.02.

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

Line 4. Enter Life/Health Guaranty Association Offset. This line is to be completed on the 4th quarter return only.

Line 5a. Film Tax Credit – This figure is from the Certificate of Tax Credit form that must be filled out and attached.

Line 5b. New Markets Jobs Credit - This figure is from the New Market's Jobs Tax Credit form that must be filled out and attached.

Line 5c. *Transferable Economic Development Tax Credit* - This figure is from the Transferable Economic Development Tax Credit form that must be filled out and attached.

Line 5d. *2014 SB1 Qualified Project Credit* - This figure is from the Certificate of Tax Credit form that must be completed and attached.

Line 5e. *Affordable Housing Credit* - This figure is from the Construction Housing Credit form that must be completed and **attached**.

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

Line 7. *Overpayments 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 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 0.00049315068 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 an Insurance Tax Examiner at 775-684-2128.