

**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**

<b>1.</b> Amount of taxable net direct premiums/direct considerations written this quarter (cannot be a negative figure)	1.					
<b>2.</b> Gross Premium Tax (3.5% or 0.035 of Line 1) OR qualified Risk Retention Groups (2% or 0.02 of Line 1)	2.					
<b>3a.</b> Home Office Credit, if qualified (NRS 680B.050) (50% or 0.5 of Line 2) <b>If Line 2 is Zero enter Zero on Line 3d</b>	3a.					
<b>3b.</b> Amount of Ad Valorem taxes paid, if qualified for Home Office Credit (NRS 680B.050)	3b.					
<b>3c.</b> Max credit allowed (See instructions)	3c.					
<b>3d.</b> Allowable Home Office Credit (See instructions)	3d.					
<b>4.</b> Property/Casualty Guaranty Association Credit (NRS 687A)	4.					
<b>5.</b> Life/Health Guaranty Association Offset (NRS 686C) <b>to be used on 4th quarter return only</b>	5.					
<b>6a.</b> Film Tax Credit		<table border="1"> <tr> <td>6a.</td> <td></td> </tr> <tr> <td>6b.</td> <td></td> </tr> </table>	6a.		6b.	
6a.						
6b.						
<b>6b.</b> New Markets Jobs Credit						
<b>7.</b> Overpayment from prior periods (See instructions)	7.					
<b>8. Net Premium Tax</b> (Line 2 minus Lines 3d though 7)	8.					
<b>9.</b> Penalty (See Instructions for rate)	9.					
<b>10.</b> Daily Interest. Net Premium Tax due (Line 8) multiplied by 0.00049315068 multiplied by the number of days late	10.					
<b>11. TOTAL AMOUNT DUE</b> (Lines 8 plus Lines 9 through 10)	11.					

**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:

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Insurance Premium Tax Return'. Your email, including attachments, cannot exceed 10 MB.

**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 3a.** Home Office Credit – 50% or 0.5 of Line 2. NRS 680B.050 provides that insurers who maintain a “home” or “regional” office may be entitled to a credit against tax to be paid. It provides for a 50 percent credit for tax due. Each insurer claiming a home or regional home office credit must have a certified copy of the deed to the property in the name of the insurer on file with the Department.

**Line 3b.** Enter the amount of Ad Valorem taxes paid this quarter. NRS 680B.050(1) provides for credit for Ad Valorem taxes actually paid upon the home office or regional home office together with the land, as reasonably required for the convenient use of the office, upon which the home office or regional home office is situated. Further, the insurer must provide certified copies of the billing by local authorities for the Ad Valorem taxes in addition to a receipt for proof of payment.

**Line 3c.** Enter max credit allowed. Multiply Line 2 by 80% or 0.80. NRS 680B.050(1) imposes a limit on the total amount of the credit that may be obtained. The credits may not reduce the total amount of taxes payable to less than 20 percent of the amount of gross premium taxes payable.

**Line 3d.** Allowable Home Office Credit Add Lines 3a and 3b. Compare to Line 3c. Enter the lesser of the two.

**Line 4.** Enter the amount of Property/Casualty Guaranty Association credit to be used this quarter.

**Line 5.** Enter Life/Health Guaranty Association Offset. **This line is to be completed on the 4<sup>th</sup> quarter return only.**

**Line 6a.** *Film Tax Credit* – This figure is from the Certificate of Tax Credit form that must be filled out and attached.

**Line 6b.** *New Markets Jobs Credit* - This figure is from the Certificate of Tax Credit form that must be filled out and attached.

**Line 7.** Enter amount due to you for overpayment made in prior reporting periods for which you have received a Department of Taxation credit notice. Monthly notices received from the Department are not cumulative. Do not take the credit if you have applied for a refund.

**NOTE: Only credits established by the Department during the same calendar year may be used.**

**Line 8.** Enter the amount of net Premium Tax due. Line 2 minus Lines 3d through 7.

**Line 9.** 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 8) 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 so the penalty is 4%.

**Line 10.** 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 8 multiplied by 0.00049315068 multiplied by the number of days late.

**Line 11.** 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.