



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
INSURANCE PREMIUM TAX RECONCILIATION  
(IPR) SEID RETURN - ANNUAL

IPR:

Return for Period Ending:

Due on or Before:

Date Paid:

Business or Individual's Name			
Mailing Address			
City, State, Zip			

Mail Returns to: Nevada Department of Taxation

3850 Arrowhead Drive

Carson City, NV 89706

This return can be filed on the Department of Taxation's e-services website at  
<https://mynvtax.nv.gov> and all calculations will be performed for you.

Check this box if this is an amended return for the specified filing period

Make checks payable to: Nevada Department of Taxation

STATE OF DOMICILE:

For Qualified Risk Retention Groups, check this box.

Premium	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1. Additional Premiums by Quarter (cannot be a negative)				
2. Total Additional Insurance Premiums (cannot be a negative)				
2a. Amount of Line 2 related to the Sports and Entertainment Improvement District (SEID) (cannot be a negative)				
3. Gross Insurance Premium Tax (3.5% or 0.035 of Line 2) or Qualified Risk Retention Groups (2% or 0.02 of Line 2)				

Industrial	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
4. Additional Premiums by Quarter (cannot be a negative)				
5. Total Additional Industrial Premiums (cannot be a negative)				
5a. Amount of Line 5 related to the Sports and Entertainment Improvement District (SEID) (cannot be a negative)				
6. Gross Industrial Premium Tax (3.5% or 0.035 of Line 5) or Qualified Risk Retention Groups (2% or 0.02 of Line 5)				

Credits	Premium	Industrial
7. Property/Casualty Guaranty Association Credit/Offset (NRS 687A)		
8. Life/Health Guaranty Association Offset (NRS 686C)		
9. Transferable Tax Credit - Film (NRS 360.759)		
10. New Market Jobs - Equity/Impact Equity Investment Credit (NRS 680B.0365)		
11. Transferable Tax Credit - Catalyst Account		
12. Transferable Tax Credit - Qualified Projects (NRS 360.891 or NRS 360.955)		
13. Transferable Tax Credit - Affordable Housing (NRS 360.860 - NRS 360.955)		
14. Industrial Relations Premium Credits/Offset (NRS 680B.036)		
15. Clark County Stadium Authority Credit		
16. Total of Additional Credit(s) Claimed (Add Line 7 through Line 15)		

Totals		
17. Subtotal - Additional Premium/Industrial Taxes Due (Line 3 plus Line 6)		
18. Total Credit(s) Claimed (Total of Premium Line 16 plus Industrial Line 16)		
19. <b>Net Premium Tax Due (Line 17 minus Line 18)</b>		
20. Estimated Penalty (see Instructions for rate)		
21. Estimated Interest		
22. <b>Retaliatory Assessment Due</b>		
23. <b>Total Tax Due (Add Line 19 through Line 22)</b>		
24. Total Amount Paid		

I hereby certify that this return, including any accompanying schedule(s) and statement(s), have been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. This return must be signed per Nevada Law.

Signature of Taxpayer or Authorized Agent:	Printed Name and Title of Signer:		
Email:	Federal ID #:	Telephone:	Date:



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
IPR - SUMMARY OF SCHEDULES AND  
RETALIATORY WORKSHEET

IPR:

Return for YEAR Ending:

**Summary of Schedules**

1.	Taxable Life Insurance Premiums (Schedule A)	
2.	Taxable Accident and Health Premiums (Schedule B)	
3.	Taxable Annuity Premiums (Schedule C)	
4.	Taxable Property and Casualty Premiums (Schedule D)	
5.	Taxable Title Premiums (Schedule E)	
6.	<b>Total Direct Premiums Written (Add Lines 1-5)</b>	

**Retaliatory Worksheet**

	NEVADA	STATE OF DOMICILE TAX
1. Tax Rate		
2. Premium Taxes Due		
3. Additional Taxes or Assessments Levied in State of Domicile		
4. Total Taxes Due		
5. Filing Annual Statement (Nevada \$25)		
6. Annual Licensing Fee		
7. Annual NAIC Fee (Nevada \$23)		
8. Number of Charter Documents		
9. Filing Charter Documents (Nevada \$10 each)		
10. Filing Power of Attorney (Nevada \$5)		
11. Number of Other Certificates		
12. Filing Any Other Certificate Forms (Nevada \$10 each)		
13. Filing Certificate of Compliance (Nevada \$0)		
14. Number of Agent Licenses and Renewals		
15. Agent Licenses and Renewals (Nevada \$15-\$125)		
16. Count of Filing Rates and Forms		
17. Filing Rates and Forms (\$25 each)		
18. Number of Filing Riders and Endorsements		
19. Filing Riders and Endorsements (\$10 each)		
20. Additional Fees		
21. Total Fees/Charges		
22. Total Taxes and Fees		
<b>23. Retaliatory Assessment</b>		



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
IPR - SCHEDULE A (Life Insurance Premiums)  
AND SCHEDULE B (Accident & Health Premiums)

IPR:

Return for YEAR Ending:

**Schedule A - Life Insurance Premiums**

		Qualified	Non-Qualified	Total
1.	Direct Life Insurance Premiums Written			
2.	Premiums Written in States in Which the Company is not Licensed			
3.	Fees, Charges and Other Considerations Paid Directly by Policyholders			
4.	Dividends Used to Provide Paid-up Additions			
5.	Total Premiums of Dividend Proceeds and Considerations			
6.	Dividends Paid in Cash or Left on Deposit			
7.	Dividends Applied to Pay Renewal Premiums			
8.	Dividends Used to Provide Paid-up Additions			
9.	Total Deductible Dividends			
10.	Fees, Charges and Other Considerations not Subject to Tax			
11.	Explanation of Fees not Subject to Tax (provide additional page, if needed)	Qualified: Non-Qualified:		
12.	<b>Taxable Life Insurance Premiums</b>			

**Schedule B - Accident & Health Premiums**

1.	Accident and Health Premiums	
2.	Charges, Fees and Other Considerations not Included in Premiums	
3.	Charges, Fees and Other Considerations Paid Directly by Policyholders	
4.	Premiums Written in States in Which the Company is not Licensed	
5.	Total Premiums and Considerations	
6.	Dividends Paid or Credited on Direct Business	
7.	Social Security Act Title XVIII Premiums	
8.	Federal Employee Health Benefits Premiums	
9.	Charges, Fees and Other Considerations not Subject to Tax	
10.	Explanation of Fees not Subject to Tax (provide additional page, if needed)	
11.	Total Deductions	
12.	<b>Taxable Accident and Health Premiums</b>	



# STATE OF NEVADA

## DEPARTMENT OF TAXATION

IPR:

Return for YEAR Ending:

### IPR - SCHEDULE C (Annuity Premiums) AND SCHEDULE D (Property & Casualty Premiums)

#### Schedule C - Annuity Premiums

Annuity Election:

Do you have active contracts previously taxed on a front-end basis:

Date Election Approved by Commissioner:

<b>CONTRACTS TAXED ON FRONT-END BASIS</b>		<b>Qualified</b>	<b>Non-Qualified</b>	<b>Total</b>
1.	Premiums and Considerations			
2.	Fees, Charges and Other Paid by Policyholders			
3.	Immediate Annuities			
4.	Subtotal of Front-End Contracts			

#### CONTRACTS TAXED ON BACK-END BASIS

5.	Accumulated Funds Applied to Annuitization			
6.	Fees, Charges and Other Considerations			
7.	Subtotal of Back-End Contracts			
8.	Other Considerations			
9.	Dividends Applied to Provide Paid-up Annuities			
10.	Premiums Written in States the Company is not Licensed			
11.	Subtotal of Annuity Premiums and Considerations Received			
12.	Total Surrenders			
13.	Amounts in Excess of Considerations Received			
14.	Deductible Surrenders			
15.	Dividends Paid in Cash or Left on Deposit			
16.	Dividends Applied to Provide Paid-up Annuities			
17.	Total Deductible Dividends			
18.	<b>Taxable Annuity Premiums</b>			

#### Schedule D - Property & Casualty Premiums

1.	Direct Premiums Written	
2.	Finance and Service Charges not Included in Premiums	
3.	Fees, Charges and Other Considerations Paid Directly by Policyholders	
4.	Bail Premiums and Other Considerations not Reported on the State Page	
5.	Premiums, Fees, Charges and Other Considerations, Including Installment Fees, not Reported on Schedule T	
6.	Premiums Written in States in Which the Company is not Licensed	
7.	Industrial Insurance (Worker's Compensation) Premiums	
8.	Total Premiums and Considerations	
9.	Dividends Paid, Left on Deposit or Credited to Policyholders	



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
**IPR - SCHEDULE D Cont'd (Property & Casualty  
Premiums) AND SCHEDULE E (Title Premiums)**

IPR:

Return for YEAR Ending:

**Schedule D - Property and Casualty Cont'd**

10.	Industrial Insurance (Worker's Compensation) Dividends	
11.	Fees, Charges and Other Considerations not Subject to Tax	
12.	Explanation of Fees not Subject to Tax (provide additional page, if needed)	
13.	Total Deductions	
<b>14.</b>	<b>Taxable Property &amp; Casualty Premiums</b>	

**Schedule E - Title Premiums**

STATE OF DOMICILE:

How Does Your State of Domicile Require Title Premiums to be Reported?

1.	Direct Premiums Written	
2.	Premiums Written by Non-Affiliated Agencies	
3.	Premiums Written by Affiliated Agencies	
4.	Other Income	
5.	Fees, Charges and Other Considerations Paid Directly by Policyholders	
6.	Premiums Written in States in Which Company is not Licensed	
7.	Total Premiums and Considerations	
8.	Escrow and Settlement Service Charges	
9.	Fees, Charges and Other Considerations not Subject to Tax	
10.	Explanation of Fees not Subject to Tax (provide additional page, if needed)	
<b>11.</b>	<b>Taxable Title Premiums</b>	
12.	Other Title Fees and Service Charges (Informational)	



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
IPR - SUPPLEMENTAL SCHEDULE 1 (Front-End  
Accounting) AND SUPPLEMENTAL SCHEDULE 2  
(Back-End Accounting)

IPR:

Return for YEAR Ending:

**Supplemental Schedule 1 - Front-End Accounting**

	NEVADA	NATIONAL
1. Total Funds On-Hand on the last Day of the Prior Reporting Year		
2. Total Funds Accepted During the Year Excluding Dividends for Paid-up Annuities		
3. Dividends Applied to Provide Paid-up Annuities		
4. Increase in Gross Income, Interest and Dividends		
5. Other Charges, Fees, and Considerations Paid by Policyholder		
6. Total Increase in Funds on Hand		
7. Funds Returned Prior to Annuitization		
8. Funds Returned in Excess of Considerations Received		
9. Funds Used to Purchase Annuities		
10. Funds Used to Pay Death and Other Benefits		
11. Funds Applied to Pay Fees, Charges and Other Considerations		
12. Total Decrease in Funds on Hand		
13. Funds On-Hand at the End of the Reporting Year		

**Supplemental Schedule 2 - Back-End Accounting**

	NEVADA	NATIONAL
1. Total Funds On-Hand on the Last Day of the Prior Reporting Year		
2. Total Funds Accepted During the Year		
3. Increase in Gross Income, Interest and Dividends		
4. Other Charges, Fees, and Considerations Paid by Policyholder		
5. Total Increase in Funds on Hand		
6. Funds Returned Prior to Annuitization		
7. Funds Returned in Excess of Considerations Received		
8. Accumulated Funds Applied to Annuitization		
9. Funds Used to Pay Death and Other Benefits		
10. Funds Applied to Pay Fees, Charges and Other Considerations		
11. Total Decrease in Funds on Hand		
12. Funds On-Hand at the End of the Reporting Year		



STATE OF NEVADA  
DEPARTMENT OF TAXATION  
IPR - SUPPLEMENTAL SCHEDULE 3 (Bail Bonds)

IPR:

Return for YEAR Ending:

**Supplemental Schedule 3 - Bail Bonds**

1.	Penal Sum/Face Value of Bail Bonds Written in Nevada	
2.	Bail Bonds Tax Rate	.015
3.	Calculated Bail Premiums	
4.	Other Fees, Charges and Considerations	
5.	Taxable Bail Premiums	
6.	Total Surety Premiums	
7.	Non-Bail Surety Premiums	
8.	Reported Bail Premiums	
9.	Taxable Bail Premiums and Considerations not Reported on the State Page	

## Instructions for Insurance Premium Tax Reconciliation (IPR) SEID Return:

(Calculations will be performed for you and credits can be selected if you file this return on My Nevada Tax at <https://mynvtax.nv.gov>.)

### Premium Insurance Tax

Line 1: Enter the additional Insurance Premiums written per quarter. The Nevada Department of Taxation requires written premiums reported quarterly if the combined Insurance Premium Tax and Industrial Insurance Tax owed exceeds \$2,000 per year. If the taxes owed are less than \$2,000, you are required to file one annual return to report all premiums written throughout the year. If premiums are reported quarterly and premium amounts need to be adjusted, the quarterly return where the adjustment is made must be amended. This number cannot be negative.

Line 2: Add all quarterly boxes above together and enter the additional (or yearly) Premiums/Considerations written.

Line 2a: Enter the amount of Line 2 related to the Sports and Entertainment Improvement District. **Informational only**.

Line 3: Enter the Gross Insurance Premium Tax owed. Multiply Line 2 by 3.5% or .035. If you are a Qualified Risk Retention Group, multiply Line 2 by 2% or .02.

### Industrial Insurance Tax

Line 4: Enter the additional Industrial Premiums written per quarter. The Nevada Department of Taxation requires written premiums reported quarterly if the combined Insurance Premium Tax and Industrial Insurance Tax owed exceeds \$2,000 per year. If your combined tax owed is less than \$2,000, you are required to file one annual return to report all premiums written throughout the year. If premiums are reported quarterly and premium amounts need to be adjusted, the quarterly return where the adjustment is made must be amended. This number cannot be negative.

Line 5: Add all quarterly boxes above together and enter the additional (or yearly) Premiums/Considerations written.

Line 5a: Enter the amount of Line 5 related to the Sports and Entertainment Improvement District. **Informational only**.

Line 6: Enter the Gross Industrial Premium Tax owed. Multiply Line 5 by 3.5% or .035. If you are a Qualified Risk Retention Group, multiply Line 5 by 2% or .02.

### Credits

Line 7: Enter the amount of Property/Casualty Guaranty Association Credit/Offset earned and used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 687A.

Line 8: Enter the amount of Life/Health Guaranty Association Offset earned and used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 686C.

Line 9: Enter the amount of Transferable Tax Credit - Film used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 360.759. If you mail in this return, you must attach the completed Certificate of Tax Credit form to the return.

Line 10: Enter the amount of New Market Job - Equity/Impact Equity Investment Credits and used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 680B.0365. If you mail in this return, you must attach the completed Certificate of Tax Credit form to the return.

Line 11: Enter the amount of Transferable Tax Credit - Catalyst Account used for Premium and Industrial Tax this year not previously reported on the quarterly returns. If you mail in this return, you must attach the completed Certificate of Tax Credit form to the return.

Line 12: Enter the amount of Transferable Tax Credit - Qualified Projects used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 360.891 or NRS 360.955. If you mail in this return, you must attach the completed Certificate of Tax Credit form to the return.

Line 13: Enter the amount of Transferable Tax Credit - Affordable Housing used for Premium and Industrial Tax this year not previously reported on the quarterly returns per NRS 360.860 - NRS 360.955. If you mail in this return, you must attach the completed Certificate of Tax Credit form to the return.

Line 14: Enter the amount of Industrial Relations Premium Credits/Offset used for Industrial Tax this year not previously reported on the quarterly returns. Each insurer providing Industrial Insurance in Nevada is entitled to a credit against the premium tax paid equal to the assessment paid to the Division of Industrial Relations per NRS 680B.036. **Please note, this credit can only be used for Industrial Tax.**

Line 15: Enter the amount of Clark County Stadium Authority Credit the company is entitled to take for Premium and Industrial Tax this year not previously reported on the quarterly returns.

Line 16: Enter the total of the additional credit(s) claimed for Premium and Industrial Tax this year not previously reported on quarterly returns. Add Line 7 through Line 15.

**Totals**

Line 17: Enter the subtotal of additional or yearly Premium/Industrial taxes due not previously reported on the quarterly returns. Add Line 3 plus Line 6.

Line 18: Enter the total credit(s) claimed. Add Premium Tax Line 16 to Industrial Tax Line 16.

Line 19: Enter the net tax due. Subtract Line 18 from Line 17.

Line 20: Enter the estimated penalty owed on the additional premiums reported. If you are an annual filer, penalty is only accrued after the **March 15th** due date (see table below).

Number of Days Late	Penalty Percentage	Multiple By:
1 – 10	2%	.02
11 – 15	4%	.04
16 – 20	6%	.06
21 – 30	8%	.08
31 +	10%	.10

Line 21: Enter the estimated interest owed on the additional premiums reported. If you are an annual filer, penalty is only accrued after the **March 15th** due date.

Line 22: Enter the total Retaliatory Assessment owed based on the Retaliatory Worksheet on Page 2 of this return.

Line 23: Enter the total tax due. Add Line 19 through Line 22.

Line 24: Enter the total dollar amount paid with this return.

**Summary of Schedules**

Line 1: Enter the Taxable Life Insurance Premiums amount (Total Non-Qualified) from Line 12 of Schedule A - Life Insurance Premiums on Page 3.

Line 2: Enter the Taxable Accident and Health Premiums amount from Line 12 of Schedule B - Accident and Health Premiums on Page 3.

Line 3: Enter the Taxable Annuity Premiums amount (Total Non-Qualified) from Line 18 of Schedule C - Annuity Premiums on Page 4.

Line 4: Enter the Taxable Property & Casualty Premiums amount from Line 14 of Schedule D - Annuity Premiums on Page 5.

Line 5: Enter the Taxable Title Premiums amount from Line 11 of Schedule E -Title Premiums on Page 5.

Line 6: Enter the amount of Total Direct Premiums Written by adding Lines 1 through 5. This amount should match the amount reported on Page 1, Line 16 of the Insurance Premium Tax Reconciliation Return.

**Retaliatory Worksheet - First column is Nevada; second column is State of Domicile**

Line 1: Enter the Tax Rate for Nevada (3.5% or 2%), and the Tax Rate for your State of Domicile.

Line 2: Enter the Premium Taxes due in Nevada (Line 6 of the Summary of Schedules on Page 2). Enter the Premium Taxes that would be due in your State of Domicile for a Nevada insurer (Total Direct Premiums Written from the Schedule T, then multiply by your state's Insurance Premium Tax rate). This amount should not include any Guaranty Association offsets/credits or offsets/credits earned through overpayment in the current or prior periods.  
**ATTACH A COPY OF THE TAX RETURN AND FEE PAYMENT SCHEDULE FILED IN YOUR STATE OF DOMICILE OR A SEPARATE SCHEDULE ILLUSTRATING HOW THE TAX IN COLUMN B WAS CALCULATED.**

Line 3: Enter an additional taxes or assessments (include Fire Marshal, Ocean Marine, or other state or municipal tax) that are levied on a Nevada company doing business in your State of Domicile.

Line 4: Enter the Total Taxes Due - Add Line 2 to Line 3.

Line 5: Enter the amount of your Filing Annual Statement in Nevada and your State of Domicile.

Line 6: Enter the amount of your Annual Licensing Fee. Nevada Fee Schedule can be found at <https://doi.nv.gov/>.

Line 7: Enter the amount of the Annual NAIC Fee.

Line 8: Enter the number of Charter Documents you have to file.

Line 9: Enter the amount owed for filing the Charter Documents.

Line 10: Enter the amount owed for filing the Power of Attorney.

Line 11: Enter the number of the Other Certificates filed.

Line 12: Enter the amount owed for filing the Other Certificates.

Line 13: Enter the amount owed for filing the Certificate of Compliance.

Line 14: Enter the number of the Agent Licenses and Renewals filed.

Line 15: Enter the amount owed for filing Agent Licenses and Renewals.

Line 16: Enter the count of Filing Rates and Forms.

Line 17: Enter the amount owed for Filing Rates and Forms.

Line 18: Enter the number of Filing Riders and Endorsements.

Line 19: Enter the amount owed for Filing Riders and Endorsements.

Line 20: Enter the amount of Additional Fees owed.

Line 21: Enter the total amount due for Fees/Charges.

Line 22: Enter the total amount of Taxes and Fees owed by adding Line 2 to Line 21.

Line 23: Enter the amount of Retaliatory Assessment due based on the State of Domicile fees if the State of Domicile, Line 22 is greater than Nevada, Line 22.

#### **Schedule A - Life Insurance Premiums**

**Qualified:** This column should include all premiums written and considerations received from life insurance contracts issued in conjunction with the funding of a pension, annuity, or profit-sharing plan qualified or exempt pursuant to sections 401, 403, 404, 408, 457, or 501 of the United States Internal Revenue Code.

**Non-Qualified:** This column should include all premiums written and considerations received from life insurance contracts not included in the Qualified column.

**Total:** This column should be the total of the Qualified and Non-Qualified for each line item.

Line 1: Enter all direct life insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for life insurance contracts received on account of policies and contracts covering property or risks located, resident, or to be performed in Nevada. The Total amount should match the amount listed on Line 29, Column 2 of the Schedule T and 11 Column 1 of the Nevada State Page.

Line 2: If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay Premium Tax, enter the life insurance premiums written in those states on this line; you must pay Nevada Premium Tax on these amounts as stipulated in NRS 680B.035.

Line 3: Enter all fees, charges, and other considerations for life insurance paid directly by the policyholder and not included on Line 1 above.

Line 4: Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Exchanging dividend proceeds for paid-up additions or to shorten the endowment period of a life insurance contract is consideration for insurance and a taxable event. The Total amount should match the amount listed on Line 11, Column 5 of the Nevada State Page.

Line 5: Enter the total of Lines 1 through 4.

Line 6: Enter all dividends paid in cash to the policyholder or left on deposit in the policyholder's name. The Total amount should match the amount listed on Line 11, Column 3 of the Nevada State Page.

Line 7: Enter all dividends applied to pay renewal premiums on the policyholder's behalf. The Total amount should match the amount listed on Line 11, Column 4 of the Nevada State Page.

Line 8: Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Once a dividend is declared and issued, the dividend becomes the property of the policyholder and is deductible to the insurer. The Total amount should match the amount listed on Line 11, Column 5 of the Nevada State Page.

Line 9: Enter the total of Lines 6 through 8.

Line 10: Enter any fees, charges, or other considerations included on Lines 1 through 3 above which you believe are not subject to taxation. Any amounts claimed on Line 10 **must** be explained on Line 11; attach additional pages if necessary. Any amounts claimed on Line 10 which are not explained on Line 11 will be disallowed, and penalty and interest will apply.

Line 11: Provide explanation(s) for any amount entered on Line 10 that you believe should not be subject to taxation. The Department of Taxation reserves the right to disallow any amounts on Line 10 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.

Line 12: Subtract Line 9 and Line 10 from Line 5; this is your total Taxable Life Insurance Premiums. Transfer the amount shown in the Non-Qualified column to Line 1 of the Summary of Schedule on Page 2.

#### **Schedule B - Accident & Health Premiums**

Line 1: Enter all direct accident and health insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for accident and health insurance contracts received on account of policies and contracts covering property or risks located, resident, or to be performed in Nevada. For Health only companies, the amount entered should match the amount listed on Line 46, Column 1 of the Nevada State Page. For Life & Health companies the amount entered should match the amount listed on Line 29, Column 4 of the Schedule T.

Line 2: Enter all charges, fees, and considerations for accident and health insurance not paid directly by the policyholder and not included on Line 1 above.

Line 3: Enter all charges, fees, and considerations for accident and health insurance paid directly by the policyholder and not included on Line 1 above.

Line 4: If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay Premium Tax, enter the accident and health insurance premiums written in those states on this line; you must pay Nevada Premium Tax on these amounts as stipulated in NRS 680B.035.

Line 5: Enter the total of Lines 1 through 4.

Line 6: Enter the dollar amount of dividends paid or credited to policyholders on direct business written. **DO NOT INCLUDE DIVIDENDS PAID ON CONTRACTS ISSUED IN CONJUNCTION WITH TITLE XVIII 'MEDICARE' OR THE FEDERAL EMPLOYEES HEALTH BENEFIT PLAN.** The amount entered should match Line 46, Column 3 plus Line 46, Column 4 of the Nevada State Page.

Line 7: Enter the amount of premiums received from the Secretary of Health and Human Services pursuant to a contract entered pursuant to Section 1876 of the Social Security Act, 42 USC Sec. 1395mm. For Health only companies, the amount entered should match the amount shown on Line 29, Column 3 of the Schedule T.

Line 8: Enter the amount of premiums received pursuant to a contract entered into pursuant to the Federal Employees Health Benefit Plan, 5USC Sec. 8909f1. Provide proof of payments from the Office of Personnel Management (OPM). For Health only companies, the amount entered should match the amount shown on Line 29, Column 6 of the Schedule T.

Line 9: Enter any fees, charges, or other considerations included on Lines 1 through 3 above which you believe are not subject to taxation. Any amounts claimed on Line 9 **must** be explained in the on line 10; attach additional pages if necessary. Any amounts claimed on Line 9 which are not explained on Line 10 will be disallowed, and penalty and interest will apply.

Line 10: Provide explanation(s) for any amount entered on Line 9 that you believe should not be subject to taxation. The Department of Taxation reserves the right to disallow any amounts on Line 9 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.

Line 11: Enter the total of Lines 6 through 9.

Line 12: Subtract Line 11 from Line 5 and enter the difference here; this is your total Taxable Accident & Health Premiums. Transfer the amount shown to Line 2 of the Summary of Schedule on Page 2.

### **Schedule C - Annuity Premiums**

**Annuity Election** - If you are registered to sell annuities, select the annuity election that you are registered for with the Nevada Division of Insurance. Then, enter the date the annuity election was approved by the Commissioner.

**Qualified:** This column should include all premiums written and considerations received from life insurance contracts issued in conjunction with the funding of a pension, annuity, or profit-sharing plan qualified or exempt pursuant to sections 401, 403, 404, 408, 457, or 501 of the United States Internal Revenue Code.

**Non-Qualified:** This column should include all premiums written and considerations received from life insurance contracts not included in the Qualified column.

**Total:** This column should be the total of the Qualified and Non-Qualified for each line item.

#### **Contracts taxed on Front-End Basis**

Line 1: Enter the amount of premiums and considerations received on annuity contracts which are not taxed on a back-end basis as defined below. The Total amount should match the amount shown on Line 9 for Nevada of Supplemental Schedule 1 - Front-End Accounting on Page 6.

Line 2: Enter the amount of charges, fees, and considerations paid directly by the policyholder and not included on Line 1 above. The Total amount should match the amount shown on Line 5 for Nevada of Supplemental Schedule 1 - Front-End Accounting on Page 6.

Line 3: Enter the amount of premiums and considerations received for the purchase of immediate annuity. Back-end filers report immediate annuities here as well.

Line 4: Enter the total of Lines 1 through 3.

#### **Contracts taxed on Back-End Basis**

**Back-End Annuity** – NRS 680B.025(2) allows that “money accepted by a life insurer pursuant to an agreement which provides for an accumulation of money to purchase annuities at future dates may be considered as ‘total income derived from direct premiums written’ either upon receipt or upon the actual application of the money to the purchase of annuities, but any interest credited to money accumulated while under the latter alternative must also be included in ‘total income derived from direct premiums written,’ and any money taxed upon receipt, including any interest later credited thereto, is not subject to taxation upon the purchase of annuities. Each life insurer shall signify on its return covering premiums for the calendar year 1971 or for the first calendar year it transacts business in this State, whichever is later, its election between those two alternatives. Thereafter an insurer shall not change his or her election without the consent of the Commissioner.”

Line 5: Enter the total influx of funds received during the lifetime accumulation period for deferred annuities which annuitized during the tax year. This is a gross figure and should not include surrenders, dividends or fees charged against the contracts prior to annuitization. The Total amount should match the amount shown on Line 8 for Nevada of Supplemental Schedule 2 - Back-End Accounting on Page 6.

Line 6: Enter the amount of fees, charges and other considerations charged against accounts in the tax year. The Total amount should match the amount shown on Line 10 for Nevada of Supplemental Schedule 2 - Back-End Accounting on Page 6.

Line 7: Enter the total of Lines 5 and 6.

Line 8: Enter all other considerations received on all annuity contracts during the tax year. The Total amount should match the amount shown on Line 29, Column 5 of the Schedule T and Line 26, Column 2 plus Line 33, Column 2 of the Nevada State Page.

Line 9: Enter all dividends used to provide paid-up annuities. Exchanging dividend proceeds for paid-up annuities is consideration for insurance and a taxable event. The Total amount should match the amount shown on Line 1 for Nevada of Supplemental Schedule 1 - Front-End Accounting on Page 6 and Line 26 plus Line 33, Column 5 of the Nevada State Page.

Line 10: If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay Premium Tax, enter the annuity premiums written in those states on this line; you must pay Nevada Premium Tax on these amounts as stipulated in NRS 680B.035.

Line 11: Enter the total of Lines 4, 7, 8, 9 and 10.

Line 12: Enter the amount of funds returned to policyholders as a result of contract surrenders prior to annuitization. **ONLY CONTRACTS PREVIOUSLY TAXED ON THE FRONT-END ARE ELIGIBLE FOR A SURRENDER DEDUCTION.** The Total amount should match the amount shown on Line 7 for Nevada of Supplemental Schedule 1 - Front-Ending Accounting on Page 6.

Line 13: Enter the amount of funds returned to policyholders in excess of premiums paid as a result of contract surrenders prior to annuitization. **ONLY CONTRACTS PREVIOUSLY TAXED ON THE FRONT-END ARE ELIGIBLE FOR A SURRENDER DEDUCTION.** The Total amount should match the amount shown on Line 8 for Nevada of Supplemental Schedule 1 - Front-End Accounting on Page 6. Please provide documentation for when your company had front-end surrenders.

Line 14: Subtract Line 13 from Line 12 and enter the difference.

Line 15: Enter all dividends paid in cash to the policyholder or left on deposit in the policyholder's name. The Total amount should match the amount listed on Line 7.1, Column 5 of the Nevada State Page.

Line 16: Enter all dividends used to provide paid-up additions of life insurance or shorten the endowment period for life insurance contracts. Once a dividend is declared and issued, the dividend becomes the property of the policyholder and is deductible to the insurer. The Total amount should match the amount shown on Line 1 for Nevada of Supplemental Schedule 1 - Front-End Accounting and Line 26 plus Line 33, Column 5 of the Nevada State Page.

Line 17: Enter the total of Lines 15 and 16.

Line 18: Subtract Lines 14 and 17 from Line 11 and enter the difference here; this is your total Taxable Annuity Premiums. Transfer the amount shown in the Non-Qualified column to Line 3 of the Summary of Schedule on Page 2.

#### **Schedule D - Property & Casualty Premiums**

Line 1: Enter all direct property and casualty insurance premiums written during the year (including policy, membership, and other fees and assessments) and all considerations for property and casualty insurance contracts received on account of policies and contracts covering property or risks located, resident or to be performed in Nevada. For Property & Casualty companies, the amount entered should match the amount listed on Line 29, Column 2 of the Schedule T.

Line 2: Enter all finance and service charges not included in premiums. The amount entered should match Line 29, Column 8 of the Schedule T.

Line 3: Enter all fees, charges and considerations for property and casualty insurance paid directly by the policyholder and not included in Line 1 above.

Line 4: Enter all taxable premiums and considerations for bail contracts not included on Line 1 above. The amount entered should match the amount shown on Line 9 of Supplemental Schedule 3 - Bail Bonds on Page 7.

Line 5: Enter all premiums, fees, charges and considerations, including installment and membership fees, not reported on Schedule T and not included on Lines 1, 2 or 3 above.

Line 6: If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay Premium Tax, enter the property and casualty insurance premiums written in those states on this line; you must pay Nevada Premium Tax on these amounts as stipulated in NRS 680B.035.

Line 7: Enter all direct premiums written during the year for worker's compensation (Industrial Insurance only).

Line 8: Enter the total of Lines 1 through 7.

Line 9: Enter all dividends paid in cash, left on deposit, or credited to policyholders for property and casualty contracts. The amount entered should match the amount shown on Line 29, Column 4 of the Schedule T.

Line 10: Enter all dividends written on Industrial Insurance (worker's compensation) contracts during the tax year. The amount entered should match the amount shown on Line 16, Column 3 of the Exhibit of Premiums and Losses (Statutory Page 14).

Line 11: Enter any fees, charges or other considerations included on Lines 1 through 5 above which you believe are not subject to taxation. Any amounts claimed on Line 11 **must** be explained in the on Line 12; attach additional pages if necessary. Any amounts claimed on Line 11 which are not explained on Line 12 will be disallowed and penalty and interest will apply.

Line 12: Provide explanation(s) for any amount entered on Line 11 that you believe should not be subject to taxation. The Department of Taxation reserves the right to disallow any amounts on Line 11 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.

Line 13: Add Line 9 through Line 11 and subtract Line 12 and enter the total.

Line 14: Subtract Line 13 from Line 8 and enter the difference here; this is your total Taxable Property and Casualty Premium. Transfer the amount shown to Line 4 of the Summary of Schedules on Page 2.

#### **Schedule E - Title Premiums**

**All title insurance reporters must indicate their state of domicile and basis on which they report their premiums to the State of Domicile (all-inclusive or risk rate).**

**State of Domicile** - This field should auto-populate from the Premium Insurance Tax Reconciliation Return on Page 1.

**How Does Your State of Domicile Require Title Premiums to be Reported?** - Select the reporting type from the drop-down.

Line 1: Enter the total premiums written on direct operations. The amount entered should match the amount shown on Line 29, Column 3 of the Schedule T.

Line 2: Enter the total premiums written by non-affiliated agencies. The amount entered should match the amount shown on Line 29, Column 4 of the Schedule T.

Line 3: Enter the total premiums written by affiliated agencies. The amount entered should match the amount shown on Line 29, Column 5 of the Schedule T.

Line 4: Enter the amount of other income attributable to Nevada policies. The amount entered should match the amount shown on Line 29, Column 6 of the Schedule T, as well as the sum of Line 8 and Line 10 on this schedule.

Line 5: Enter all fees, charges and considerations for title insurance paid directly by the policyholder and not included in Lines 1 through 4 above.

Line 6: If you are domiciled in Nevada and doing business in states in which you are not licensed and do not pay Premium Tax, enter the title insurance premiums written in those states on this line; you must pay Nevada Premium Tax on these amounts as stipulated in NRS 680B.035.

Line 7: Enter the total of Line 1 through Line 6.

Line 8: Enter the amount of escrow and settlement service charges not subject to tax. The amount entered should equal that portion of Line 2, Column 4 from the NAIC Operations and Investments Exhibit Part 1A- Summary of Title Insurance Premiums Written and Related Revenues which are attributable to Nevada policies.

Line 9: Enter any fees, charges, or other considerations included on Lines 1 through 5 above which you believe are not subject to taxation. Any amounts claimed on Line 9 **must** be explained on Line 10; attach additional pages if necessary. Any amounts claimed on Line 9 which are not explained on Line 10 will be disallowed and penalty and interest will apply.

Line 10: Provide explanation(s) for any amount entered on Line 9 that you believe should not be subject to taxation. The Department of Taxation reserves the right to disallow any amounts on Line 9 if the explanation provided does not justify the deduction; penalty and interest will apply to any amounts disallowed.

Line 11: Subtract Line 8 and Line 9 from Line 7 and enter the difference here; this is your total Taxable Title Premium. Transfer the amount shown to Line 5 of the Summary of Schedules on Page 2.

Line 12: Enter the amount of other title fees and service charges subject to tax. The amount entered should equal that portion of Line 3, Column 4 from the NAIC Operations and Investments Exhibit Part 1A- Summary of Title Insurance Premiums Written and Related Revenues which are attributable to Nevada Policies. **INFORMATIONAL LINE ONLY.**

### **Supplemental Schedule 1 - Front-End Accounting**

**This supplemental schedule must be completed by any company writing annuity business with some premiums taxed on the front-end.**

**Nevada** - This column should include those figures relating to Nevada risks only.

**National** - This column should include those figures relating to all risks nationally.

Line 1: Enter the total funds on hand for the benefit of annuity contracts taxed on the front-end as of the end of the prior year.

Line 2: Enter all funds received during the tax year from policyholders for the payment of premiums, considerations, fees, and charges for the benefit of annuity contracts.

Line 3: Enter all dividends applied to provide paid-up annuities. The amount entered should match the amount shown on Line 26 plus Line 33, Column 5 of the Nevada State Page.

Line 4: Enter the income, interest, and dividends earned on annuity premiums on deposit.

Line 5: Enter all other fees, charges, and considerations paid directly by the policyholder and not included in Line 2 above.

Line 6: Enter the total of Lines 2 through 5.

Line 7: Enter all funds returned to the policyholder prior to annuitization. Do not include any amounts retained for surrender charges.

Line 8: Enter the amount of funds returned to the policyholder prior to annuitization that exceeded premiums paid. This calculation must be done on a contract-by-contract basis with the net amount entered on this line.

Line 9: Enter all funds used to purchase annuities.

Line 10: Enter all funds used to pay death and other benefits on annuity contracts.

Line 11: Enter all funds drawn from annuity accounts to pay fees, charges, and other considerations on behalf of the policyholder.

Line 12: Add Lines 7, 9, 10, and 11 and subtract Line 8, then enter the total.

Line 13: Add Lines 1 and 6 and subtract Line 12, then enter the total.

## **Supplemental Schedule 2 - Back-End Accounting**

**This supplemental schedule must be completed by any company writing annuity business with some premiums taxed on the back-end.**

**Nevada** - This column should include those figures relating to Nevada risks only.

**National** - This column should include those figures relating to all risks nationally.

- Line 1: Enter the total funds on hand for the benefit of annuity contracts taxed on the back-end as of the end of the prior year.
- Line 2: Enter all funds received during the tax year from policyholders for the payment of premiums, considerations, fees, and charges for the benefit of annuity contracts.
- Line 3: Enter the income, interest, and dividends earned on annuity premiums on deposit.
- Line 4: Enter all other fees, charges, and considerations paid directly by the policyholder and not included in Line 2 above.
- Line 5: Enter the total of Lines 2 through 4.
- Line 6: Enter all funds returned to the policyholder prior to annuitization. Do not include any amounts retained for surrender charges.
- Line 7: Enter the amount of funds returned to the policyholder prior to annuitization that exceeded premiums paid. This calculation must be done on a contract-by-contract basis with the net amount entered on this line.
- Line 8: Enter all accumulated funds applied to annuitization.
- Line 9: Enter all funds used to pay death and other benefits on annuity contracts.
- Line 10: Enter all funds drawn from annuity accounts to pay fees, charges, and other considerations on behalf of the policyholder.
- Line 11: Add Lines 6, 8, 9, and 10 and subtract Line 7, then enter the total.
- Line 12: Add Lines 1 and 5 and subtract Line 11, then enter the total.

## **Supplemental Schedule 3 - Bail Bonds**

**This supplemental schedule must be completed by any company writing Bail Bond Business.**

- Line 1: Enter the Penal Sum/Face Value of all bail bonds written in Nevada.
- Line 2: Bail Bond tax rate.
- Line 3: Multiply Line 1 by 0.15 (15%) and enter the total.
- Line 4: Enter all charges, fees, and considerations charged on bail bond contracts.
- Line 5: Enter the total of Line 3 and 4.
- Line 6: Enter all surety premiums written in Nevada. The amount entered should match the amount shown on Line 24, Column 1 of the Nevada State Page.
- Line 7: Enter all surety premiums written in Nevada for all non-bail contracts.
- Line 8: Subtract Line 6 from Line 5 and enter the difference.
- Line 9: Subtract Line 7 from Line 4 and enter the difference here; this is your total Taxable Bail Premiums and Considerations not reported on the Nevada State Page. Transfer the amount shown to Line 4 of Schedule D on Page 4.