



State of Illinois
Calendar Year 2025 Fire Marshal Tax Return

Illinois Department of Insurance
P.O. Box 7087
Springfield, IL 62791

Payable: On or before March 31, 2026 for Direct Business During the Calendar Year 2025

Web Site: www.insurance.illinois.gov (Department Links>Companies>Tax Forms)

Federal Employer Identification Number: _____

By the _____ Insurance Company

of _____
Street and Number City State Zip Code

For the calendar year 2025 as required by 425 ILCS 25/12 of the Illinois Compiled Statutes.

Worksheet on reverse side must be completed first

1. Net amount of taxable premiums from Line 14 on worksheet..... \$ _____
2. Tax due (1% of Line 1) \$ _____
3. Fire Marshal Tax Credit (deduct prior year overpayment; attach copy of credit letter) \$ _____
4. Amount of tax paid (subtract Line 3 from Line 2) \$ _____
5. Penalty for failure to file tax return (\$400/month or 10% of tax, whichever is greater) \$ _____
6. Penalty for failure to pay tax (10% of tax due) \$ _____
7. Interest on tax paid after due date (IRS rate during tax period, 12% minimum) \$ _____
8. Total penalty and interest (add Lines 5 through 7) \$ _____
9. Balance due (Line 4 plus Line 8) \$ _____

**A separate check is requested for each company of an insurance group and for each tax or fee.
You must complete and return this return, even if no tax is due.**

The undersigned President and Secretary of the _____
Insurance Company, being duly sworn upon their oaths say that the foregoing report and the statements contained therein and each and
every one of them are true and correct.

Secretary's signature

Date

President's signature

Date

Contact Person and e-mail address: _____

Phone: (_____) _____

Remittance should be payable to and mailed with the completed tax return to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date.

Important Notice: Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.

Illinois Fire Marshal Tax Worksheet

Calendar Year 2025

FEIN #: _____

Name of Company: _____

Line of Business & Corresponding Line from Page 19, Annual Statement	Net Direct Premium (Col. 1 less Col. 3, Page 19)	Illinois *FAIR Plan Premiums	Percentage Applicable	Taxable Premium
1. Fire	1. _____	Less _____	100%	_____
2. Allied Lines	2.1 _____	Less _____	25%	_____
3. Multiple Peril Crop	2.2 _____		1%	_____
4. Farmowners M.P.	3. _____		40%	_____
5. Homeowners M.P.	4. _____	Less _____	40%	_____
6. Commercial M.P. (non-liability)	5.1 _____		40%	_____
7. Ocean Marine	8. _____		15%	_____
8. Inland Marine	9. _____		15%	_____
9. Earthquake	12. _____		25%	_____
10. Private Pass. Auto P/Dam. TOTAL	21.1 _____		5%	_____
11. Commercial Auto P/Dam. TOTAL	21.2 _____		5%	_____
12. Aircraft (all perils)	22. _____		10%	_____
13. Other	_____		%	_____
14. Total Taxable Premiums (carry forward to line 1 reverse side)				\$. _____
15. Fire Marshal Tax Rate				\$ _____ x 1%
16. Fire Marshal Tax (carry forward to Line 2, reverse side).				\$ _____

*Do not include the FAIR Plan premiums as taxable direct premium written. The FAIR Plan will pay the Fire Marshal tax on these premiums.
IL446-0124 p.2