



State of Illinois
Privilege and Retaliatory Tax Quarterly Installment

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

All companies whose annual tax for the preceding calendar year was less than \$5,000 need not file this installment.

Web Site: doi.illinois.gov (Companies>Insurance Company Portal>Tax Forms)

Federal Employer Identification Number: _____ By the _____ Insurance Company of _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Street and Number City State Zip Code </div>	2024 Calendar Year-- Indicate which filing: <input type="checkbox"/> April 14, 2025 <input type="checkbox"/> June 16, 2025 <input type="checkbox"/> September 15, 2025 <input type="checkbox"/> December 15, 2025
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Privilege Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

- 1. 2024 Privilege Tax from Page 6, Line 1 of the Privilege and Retaliatory Tax Return\$ _____
- 2. Installment amount due is 1/4 of Line 1\$ _____

PART B-BASED ON CURRENT CALENDAR YEAR

- 3. 2025 Estimated Privilege Tax on taxable premiums\$ _____
 - 3a. Less: Estimated Fire Department Taxes to be paid for 2025, if applicable\$ _____
 - 3b. Less: Estimated Intergradation 2025 excess Income Tax Offset, if applicable\$ _____
 - 3c. Less: New Markets Tax Credit Offset, if applicable.....\$ _____
- 4. Net Privilege Tax for 2025 (Line 3 minus sum of 3a, 3b, and 3c)\$ _____
- 5. 80% of Line 4 to be paid for 2025\$ _____
- 6. Installment amount due is 1/4 of Line 5\$ _____

Retaliatory Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

- 7. 2024 Retaliatory Tax from Page 6, Line 2 of Privilege and Retaliatory Tax Return\$ _____
- 8. Installment amount due is 1/4 of Line 7\$ _____

PART B-BASED ON CURRENT CALENDAR YEAR

- 9. 80% of 2025 Estimated Retaliatory Tax\$ _____
- 10. Installment amount due is 1/4 of Line 9\$ _____

Payment

- 11. Amount due as a Privilege Tax from Line 2 or Line 6\$ _____
- 12. Amount due as a Retaliatory Tax either Line 8 or Line 10\$ _____
- 13. Total amount due this installment, Line 11 plus Line 12\$ _____
- 14. Less: Current available tax overpayment credit amount.
 (amount may not be more than Line 13)\$ _____
- 15. Balance due on this installment, Line 13 minus Line 14\$ _____

***Note:** If applicable, the Department may assess a penalty for failure to file and failure to pay estimates, including underpayment of estimates, at a later date.

I certify that this is a true, correct and complete Declaration of taxes due (*print name*). _____

Signature of Company Officer _____	Date _____	E-mail _____
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Please complete and return one copy of this tax installment each quarter. The official filing date is the U.S. Postal date.
Remittance should be payable and mailed to Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791.

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.