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

State of Illinois

Privilege and Retaliatory Tax Quarterly Installment

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

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

Federal Employer Identification Number: ___ ___ — ___ ___ ___ ___ ___ ___ ___

By the _____ **Insurance Company**

of _____
Street and Number City State Zip Code

2025 Calendar Year- Indicat which filing:
- ☐ April 15, 2026
- ☐ June 15, 2026
- ☐ September 15, 2026
- ☐ December 15, 2026

Privilege Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

1. 2025 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. 2026 Estimated Privilege Tax on taxable premiums ..... $ _____
   - 3a. Less: Estimated Fire Department Taxes to be paid for 2026, if applicable ..... $ _____
   - 3b. Less: Estimated Intergradation 2026 excess Income Tax Offset, if applicable ..... $ _____
   - 3c. Less: New Markets Tax Credit Offset, if applicable..... $ _____
4. Net Privilege Tax for 2026 (Line 3 minus sum of 3a, 3b, and 3c) ..... $ _____
5. 80% of Line 4 to be paid for 2026 ..... $ _____
6. Installment amount due is 1/4 of Line 5 ..... $ _____

Retaliatory Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

7. 2025 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 2026 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

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.