



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

Web Site: https://www2.illinois.gov/sites/insurance/ (Companies>Company Tax Forms...)

Federal Employer Identification Number:
By the _____ Insurance Company
of _____
Street and Number City State Zip Code
2023 Calendar Year-- Indicate which filing:
April 17, 2023
June 15, 2023
September 15, 2023
December 15, 2023

Privilege Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

- 1. 2022 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. 2022 Estimated Privilege Tax on taxable premiums
3a. Less: Estimated Fire Department Taxes to be paid in 2022, if applicable
3b. Less: Estimated Intergradation 2022 excess Income Tax Offset, if applicable
3c. Less: New Markets Tax Credit Offset, if applicable
4. Net Privilege Tax for 2022 (Line 3 minus sum of 3a, 3b, and 3c)
5. 80% of Line 4 to be paid in 2022
6. Installment amount due is 1/4 of Line 5

Retaliatory Tax

PART A-BASED ON PRIOR YEAR TOTAL TAX

- 7. 2022 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 2022 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.
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 the 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.