

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: <u>idoi.illinois.gov</u> (Companies>Insurance Company Portal>Tax Forms)

Federal Employer Identification Number:					2024 Calendar Year Indicate which filing:
By the Insurance Company					☐ April 15, 2024
by the			, insurance Compa	any	☐June 17, 2024
of					☐ September 16, 2024
Street and Number	City	State	Zip Code	Э	☐ December 16, 2024
Privilege Tax					
PART A-BASED ON PRIOR YEAR TOTAL TAX					
1. 2023 Privilege Tax from Page 6, Line 1 of the P					
2. Installment amount due is 1/4 of Line 1				\$	
PART B-BASED ON CURRENT CALENDAR YEAR				•	
3. 2024 Estimated Privilege Tax on taxable premiu					
3a. Less: Estimated Fire Department Taxes to be paid for 2024, if applicable\$					
3b. Less: Estimated Intergradation 2024 excess Income Tax Offset, if applicable					
4. Net Privilege Tax for 2024 (Line 3 minus sum of 3a, 3b, and 3c)\$\$					
5. 80% of Line 4 to be paid for 2024\$					
6. Installment amount due is 1/4 of Line 5					
5. Installment amount due to 1/4 of Line 6				Ψ	_
Retaliatory Tax					
PART A-BASED ON PRIOR YEAR TOTAL TAX			D 4	•	
7. 2023 Retaliatory Tax from Page 6, Line 2 of Pri 8. Installment amount due is 1/4 of Line 7					
8. Installment amount due is 1/4 of Line 7 PART B-BASED ON CURRENT CALENDAR YEAR				Ф	
9. 80% of 2024 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 L	ine 6			\$	
12. Amount due as a Retaliatory Tax either Line 8 c					
13. Total amount due this installment, Line 11 plus					
14. Less: Current available tax overpayment credit ar	mount.				
(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	Г	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 <i>required</i> 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.					