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DELAWARE INSURANCE DEPARTMENT
WORKING FORM T-9
QUARTERLY PREMIUM TAX COLLECTION

MAILING ADDRESS AND COMPANY INFORMATION

QUARTERLY TAX COMPUTATION

Company Name
Tax Department Address
Contact Person
Telephone Number

- 1. Estimated Tax Liability for CURRENT year:
2. Domestic Insurer's Privilege Tax Liability: +
3. TOTAL Estimated Tax Liability: =
4. Payment Rate: x .25
5. TOTAL Amount Due \$

↑ PAY THIS AMOUNT ↑

Table with 4 columns: Federal EIN #, NAIC #, NAIC Group #, Company Type

REFER ALL QUESTIONS TO: Mrs. Ann Fletcher, Tax Coordinator
afletch@deins.state.de.us

PAYMENT MUST BE RECEIVED ON OR BEFORE APRIL 15, 2002

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d).

Delaware Domestic Insurers must include 25% of Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.

Those companies with premium from Employer/Trust Owned Life Insurance policies (COLI premium) MUST include their estimated year-end liability as will appear on Line 13 of Working Form T-1 in the calculation of the quarterly premium tax prepayment amount.

In accordance with 18 Del. C., §702(f), as amended effective 6/30/96, no underpayment penalty will be imposed if the prepayments total 100% of prior year tax liability.

The Delaware Insurance Department has established a lock-box operation with PNC Bank for receipt of premium taxes and fees. Send this Working Form T-9, along with check (if applicable) to one of the addresses listed below.

NOTE: Premium tax filings must be received on or before the date indicated on each Working Form T-9. The Insurance Department does not accept postmark dates.

Filings mailed via U.S. Postal Service should be sent to:

Filings sent by courier or express service should be sent to:

DELAWARE INSURANCE DEPARTMENT
c/o PNC Bank
PO Box 7780-1865
Philadelphia, PA 19182-1941

DELAWARE INSURANCE DEPARTMENT
c/o PNC Bank, Attn.: #1865
Route 38 and East Gate Drive
Moorestown, NJ 08057



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DELAWARE INSURANCE DEPARTMENT WORKING FORM T-9 QUARTERLY PREMIUM TAX COLLECTION

MAILING ADDRESS AND COMPANY INFORMATION

Company Name _____

Tax Department Address _____

Contact Person _____ Telephone Number _____

Federal EIN #:	NAIC #:	NAIC Group #:	Company Type:

REFER ALL QUESTIONS TO: Mrs. Ann Fletcher,
Tax Coordinator
afletch@deins.state.de.us

QUARTERLY TAX COMPUTATION

- Estimated Tax Liability for **CURRENT** year: _____
- Domestic Insurer's Privilege Tax Liability: **+** _____
- TOTAL** Estimated Tax Liability: **=** _____
- Payment Rate: **x** _____ **.25**
- TOTAL** Amount Due **\$** _____

↑ PAY THIS AMOUNT ↑

**PAYMENT MUST BE
RECEIVED ON OR BEFORE
JUNE 15, 2002**

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d). There should be made four equal payments which are to be based on the projected amount expected to appear on Line 10 of Working Form T-1 when the Annual Premium Tax Report is filed for the current year. **If there is no quarterly payment due, a zero filing (\$0.00) is required to be filed by the due date.**

Delaware Domestic Insurers **must** include 25% of Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.

Those companies with premium from Employer/Trust Owned Life Insurance policies (COLI premium) **MUST** include their estimated year-end liability as will appear on Line 13 of Working Form T-1 in the calculation of the quarterly premium tax prepayment amount. Twenty-five percent (25%) of these premiums must be included in the quarterly payments.

In accordance with 18 Del. C., §702(f), as amended effective 6/30/96, no underpayment penalty will be imposed if the prepayments total 100% of prior year tax liability.

The Delaware Insurance Department has established a lock-box operation with PNC Bank for receipt of premium taxes and fees. Send this Working Form T-9, along with check (if applicable) to one of the addresses listed below. If no payment is due, return the form indicating zero amount. **MAKE CHECKS PAYABLE TO: "Delaware Insurance Department"**. DO NOT send tax forms or checks to the Department.

NOTE: Premium tax filings must be **received** on or before the date indicated on each Working Form T-9. The Insurance Department does not accept postmark dates. An administrative penalty of \$100.00 per business day will be assessed for filings received after the due dates.

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PO Box 7780-1865
Philadelphia, PA 19182-1941

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WORKING FORM T-9
QUARTERLY PREMIUM TAX COLLECTION

MAILING ADDRESS AND COMPANY INFORMATION

QUARTERLY TAX COMPUTATION

Company Name
Tax Department Address
Contact Person Telephone Number

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2. Domestic Insurer's Privilege Tax Liability: +
3. TOTAL Estimated Tax Liability: =
4. Payment Rate: x .25
5. TOTAL Amount Due \$

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REFER ALL QUESTIONS TO: Mrs. Ann Fletcher, Tax Coordinator
afletch@deins.state.de.us

PAYMENT MUST BE RECEIVED ON OR BEFORE SEPTEMBER 15, 2002

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d). There should be made four equal payments which are to be based on the projected amount expected to appear on Line 10 of Working Form T-1 when the Annual Premium Tax Report is filed for the current year. If there is no quarterly payment due, a zero filing (\$0.00) is required to be filed by the due date.

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REFER ALL QUESTIONS TO: Mrs. Ann Fletcher, Tax Coordinator, afletch@deins.state.de.us

PAYMENT MUST BE RECEIVED ON OR BEFORE DECEMBER 15, 2002

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d). There should be made four equal payments which are to be based on the projected amount expected to appear on Line 10 of Working Form T-1 when the Annual Premium Tax Report is filed for the current year. If there is no quarterly payment due, a zero filing (\$0.00) is required to be filed by the due date.

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