

2016

DOMESTIC COMPANIES

Insurer NAIC Code Number _____

Type or print the requested information
FEDERAL EMPLOYER I.D. NUMBER

Insurer NAIC Group Code Number _____

COMPANY NAME

MAILING ADDRESS

IMPORTANT: THE FOLLOWING INSTRUCTIONS MUST BE ADHERED TO:

CITY STATE ZIP CODE

The Original Return must be filed with the Director, Division of Taxation on or before March 1 annually and shall be accompanied with a CHECK PAYABLE TO - " NJ DIVISION OF TAXATION -- INSURANCE TAX" PLEASE REFER TO THE INSTRUCTIONS CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.

Mail to: Division of Taxation (200 Woolverton St. Bldg 20) PO Box 247 Trenton, NJ 08646-0247

ALSO

A duplicate return must be filed with the Commissioner of Banking and Insurance at the same time.

Mail to: The Department of Banking and Insurance (20 West State Street) PO Box 325 Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 4.

ANNUAL REPORT Statement of Premium Taxes and Other Obligations Life Insurance Companies

Commissioner of Banking and Insurance, State of New Jersey : Director, Division of Taxation, State of New Jersey :

The _____

incorporated or organized under the laws of New Jersey and with offices located at _____

MAILING ADDRESS OF OFFICE PREPARING RETURN

hereby submit the following statement for the calendar year ending December 31, 20 ____, as required by, and in accordance with the New Jersey Revised Statutes Title 54 chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office:

STREET, CITY, ZIP CODE

, which is located in _____

NAME OF MUNICIPALITY* AND COUNTY

*Please be sure to indicate the actual municipality and not the New Jersey mailing address.

Date of Incorporation or organized _____

Date first licensed in New Jersey _____

STATE OF _____ COUNTY OF _____ } ss.

On this ____ day of ____ A.D. 20 ____ before me _____ personally appeared _____ (INSERT SECRETARY OR U.S. MANAGER)

____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the ____ day and year aforesaid.

(INSERT SECRETARY OR U.S. MANAGER)

(OFFICIAL TITLE)

IMPORTANT: THIS BLOCK MUST BE COMPLETED FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

(NAME & TITLE OF PARTY TO CONTACT REGARDING THIS RETURN) (PHONE NUMBER) (EMAIL ADDRESS)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

**SCHEDULE A
DOMESTIC LIFE INSURANCE COMPANIES
MUST BE COMPLETED BY ALL TAXPAYERS
PREMIUM TAX**

		STATE OF NEW JERSEY BASIS	
1 . Life Insurance Premium			
2 . Individual Accident and Health			
3 . Group Accident and Health			
4 . All Other explain			
5 . Total premiums per Schedule T (reconcile if different) lines 1 to 4			
6 . Catchall attach computation			
7 . Total Premiums (lines 5 and 6)			
8 . Dividends paid in cash: excluding \$ _____ dividends on Qualified Pension Plans			
9 . Dividends used for renewal: excluding \$ _____ dividends on Qualified Pension Plans			
10 . Dividends left on deposit: excluding \$ _____ dividends on Qualified Pension Plans			
11 . Life premiums on qualifies pension plans (Attach documentation)			
12 . All Other explain			
13 . Total deductions (lines 8 to 12) attach a copy of New Jersey State page of Annual Statement as filed with the New Jersey Department of Banking and Insurance			
14 . Taxable Premiums (line 7 less line 13)			
Type	TAX COMPUTATION TAXABLE PREMIUMS (See Note Below)	Rate	Tax
15 . Life	\$	2.1%	
16 . Individual A & H	\$	2.1%	
17 . Group A & H	\$	1.05%	
18 . Total Tax (lines 15 thru 17)	\$	XXXXXX	
CALCULATION OF TOTAL AMOUNT DUE			XXXXXXXXXXXX
19 . Business Incentive Tax Credit(s) (Attach completed Form 319-IPT, Form 320-IPT, Form 323-IPT)			
20 . Other Credits * -- Insurance Premium Tax Credits- Attach Supporting Documentation			
21 . Guaranty Fund Assessment Credit (from Schedule C, line 8 on Page 4)			
22 . Retaliatory Tax Credit (attach completed Retaliatory Tax Credit form)			
23 . Total Tax Credits (Sum of lines 19 through 22)			
24 . Balance of Tax Liability Due (line 18 less line 23)			
25 . Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year			
26 . Balance Due (line 24 less line 25)			
27 . Prepayment of 2016 Tax liability due March 1st-- (50% of line 18)			
28 . Total Amount Due State of New Jersey (line 26 plus line 27)			
29 . If line 26 plus line 27 is less than zero enter the amount of the overpayment			
30 . Amount of line 29 to be applied to Prepayment of 2016 Tax Liability due June 1st			
31 . Amount to be refunded (If line 29 plus line 30 is less than zero).			
32 . Amount of Business Incentive Tax Credit(s) to be carried forward. (See applicable Form 319-IPT, Form 320-IPT, Form 323-IPT)			

PAYMENT OF THE AMOUNT INDICATED AT LINE 28 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.

NOTE: If taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12.5% limitation), then Schedule B, Calculation of Taxable Premiums as provided in N.J.S.A. 54:18-A-6 must be completed and include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section 1.
 * Requires proof of payment i.e. copies of cancelled checks
 ** Requires original Tax Credit/Tax Credit Transfer Certificate and appropriate tax credit form, be included with the return. A copy of New Jersey State page, and, Schedule T as filed with the NAIC must be attached.

**SCHEDULE B
LIFE INSURANCE COMPANIES
CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6**

INSTRUCTIONS

This schedule is to be completed *only* by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% Limitation).

If the company was licensed on or after June 30, 1984, complete *both* Section I and Section II.

If the company was licensed prior to June 30, 1984, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 14.

When completing Section 1, attach a separate schedule listing each affiliate and applicable premiums used in completing column A of Section 1.

Schedule A, Lines 1 to 14, must be completed by ALL TAXPAYERS.

SECTION 1 – COMPLETE ONLY IF LICENSED ON OR AFTER June 30, 1984

**WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.**

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. Life Insurance Premiums of Company and all of its Affiliates			
2. Individual Accident & Health Insurance Premiums of Company and all of its Affiliates			
3. Group Accident & Health Insurance Premiums of Company and all of its Affiliates			
4. TOTAL			

SECTION II – MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12.5% OF AMOUNT IN COLUMN (A)
1. Life Insurance premiums		
2. Individual Accident & Health Insurance Premiums		
3. Group Accident & Health Insurance Premiums		
4. TOTAL		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 15,16 AND 17 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

SCHEDULE C----CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT

Eligibility-Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a certificate of contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessment were paid, except that no member insurer may offset its premium tax liability by more than 20% of its tax liability in any one year. **Be sure to include proof of payment for all assessments listed below.**

YEAR ASSESSMENT PAID	YEARS IN WHICH A CREDIT FOR AN ASSESSMENT CAN BE CLAIMED (CREDIT IS 10% OF ASSESSMENT)							AMOUNT OF ASSESSMENT	MAXIMUM ALLOWABLE CREDIT 10% OF ASSESSMENT
	1	2	3	4	5	6	7		
2009	XX	XX	2012	2013	2014	2015	2016		1.
2010	XX	XX	2013	2014	2015	2016	2017		2.
2011	XX	XX	2014	2015	2016	2017	2018		3.
2012	XX	XX	2015	2016	2017	2018	2019		4.
2013	XX	XX	2016	2017	2018	2019	2020		5.
Maximum Credit Available for this Return (add lines 1 through 5 above)									6.
Enter 20% of the tax liability reported on Schedule A, line 18									7.
Enter the lesser of line 6 or 7 here and on Schedule A, line 21									8.

DOMESTIC COMPANIES GENERAL FILING INSTRUCTIONS

Listed below you will find instructions about areas to pay close attention to when completing the tax form:

1. **NAIC code** – At the top left side of the first page of the return is a space to provide the insurer’s five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Email address** has replaced the Contact Persons Fax number on the Front Page of the return.
3. **Schedule A** – Please note that **Schedule A, including lines 1 to 14, must be completed by all taxpayers**, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule B.
4. **See instructions below regarding changes to the tax forms.**
5. **All credits** requested on Schedule A, require supporting documentation as proof of payment (i.e. copy of the check or cancelled check). These documents **MUST** be submitted with the return or the credit will be denied.
6. **Business Incentive Tax Credits** requested on Schedule A, require the original tax credit/tax credit transfer certificate and completed Tax Credit form, be included with the filed return or the credit will be denied.
7. **Penalty and Interest** – Any taxpayer that fails to file its return or pay tax when due, shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law N.J.S.A. 54:48-1 et seq. and N.J.S.A. 18:2-2.1 et seq.
8. **Overpayment** Any **refundable** credit overpayment included in line 28 must first be applied to the prepayment due June 1st before any refund will be issued.
9. **Affiliate Schedule** – A taxpayer determining its taxable premiums as provided in N.J.S.A. 54:18A-6, when completing Schedule B Section 1, **must** include a separate schedule listing each affiliate and its applicable premiums, used in completing column A of Section 1.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6 (SCHEDULE B)

Column A Worldwide Premiums are defined as **Worldwide Premiums minus dividends paid or credited to policyholders.**

If the company was licensed on or after June 30, 1984 and the amount indicated on Section I, Column C, line 4, *is not greater* than the amount indicated in Section I, Column B, line 4, the company does not qualify to use this limitation. Taxable Premiums are those indicated on Schedule A line 14.

If the company was licensed on or after June 30, 1984 and the amount indicated on Section I, Column C, line 4, *is greater* than the amount indicated on Section I, Column B, line 4, taxable premiums are the amounts indicated on Section II, Column B. These amounts should be entered on Schedule A, applicable line(s) (15, 16, and 17).

In addition, a detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must be submitted with this schedule.

If the company was licensed prior to June 30, 1984 and the amount indicated on Section II, Column B, line 4, *is less* than taxable premiums indicated on Schedule A, line 14, enter amounts from Column B on Schedule A applicable line(s) (15, 16, 17). If the amount indicated on Section II, Column B, line 4, *is not less* than taxable premiums indicated on Schedule A line 14, taxable premiums are those indicated on line 14 of Schedule A.

CHANGES TO THE TAX FORM

Line 19 – Business Incentive Tax Credit line. Taxpayer must attach the applicable original tax credit/tax credit transfer certificate issued by the New Jersey Economic Development Authority, along with the corresponding completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the original tax credit/tax credit transfer certificate and applicable tax credit form will, result in denial of the tax credit claimed.

Line 20 – Other Credits, for other tax credits or offsets, specific to the Insurance Premium Tax.

Line 21 – Guaranty Fund Assessment Credit line.

Line 22 – Retaliatory Tax Credit line.

BUSINESS INCENTIVE TAX CREDITS – SCHEDULE A LINE 19

To claim these credit(s), the taxpayer must attach the original tax credit/tax credit transfer certificate issued by the New Jersey Division of Taxation and a completed Form 319-IPT, Form 320-IPT or Form 323-IPT. Failure to attach the original tax credit/tax credit transfer certificate and applicable form(s) will result in denial of the tax credit claimed.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). A taxpayer with a prior year's tax liability of \$10,000 or more in any one tax is required to remit all tax payments using EFT.

For EFT program questions, call the EFT Unit at (609) 292-9292 Opt #6, Fax (609) 984-6681, visit the Division of Revenue and Enterprise Services website at <https://www.state.nj.us/treasury/revenue/ef1.shtml>, or write to the New Jersey Division of Revenue and Enterprise Services, EFT Section, P.O. Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at Schedule A line 28 must be transmitted in one transaction with an applicable year of **2016**. The Prepayment of Tax liability included in this amount, along with the Prepayment of Tax liability due June 1, will be credited automatically against the succeeding year's tax liability, when that year's Insurance Premium Tax Return is filed and processed. A separate transaction for the amount of the Prepayment of Tax at line 27 is not required.

HELPFUL HINT FOR EFT REMITTANCE: Return Period Ending **MUST** read **161231** ((YY) Year, (MM) Month, (DD) Day) for **ALL** payments associated with the **2016** tax return. This includes any **PREPAYMENT** of tax liabilities due with the return on March 1 and on June 1. The same procedure should be followed for subsequent tax years, after adjusting the return period ending accordingly.

IMPORTANT NOTE

PAYMENT for the amount indicated at Schedule A line 28 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the front page of this return. **DO NOT** send payment amount to the Department of Banking and Insurance.

In the event the taxpayer is simultaneously paying obligations to the Department of Banking and Insurance, (i.e. Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund etc.) these amounts must be submitted under separate cover to the Department of Banking and Insurance at the address indicated on the notice received for the particular obligation.

****ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE ORIGINAL RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**