

Type or print the requested information

Federal Employer I.D. Number

Insurer NAIC Code Number _____

Company Name

Insurer NAIC Group Code Number _____

Mailing Address

City State ZIP Code

Important: The following instructions must be adhered to:

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

You must file a duplicate return 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 _____

} ss.

COUNTY OF _____

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 of 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)	\$			
Calculation of Total Amount Due					
19.	Total Tax after Refundable Business Tax Credits (See Schedule BTC - If Line 5 is less than zero "0", enter the overpayment amount, otherwise "0")				
20.	Total Tax after Remaining Business Tax Credits (See Schedule BTC - If Line 12 is greater than zero "0", enter the tax amount, otherwise "0")				
21.	Other Insurance Premium Tax Credits * - Attach Supporting Documentation				
22.	Guaranty Fund Assessment Credit (from Schedule C, Line 8 on Page 4)**				
23.	Retaliatory Tax Credit (attach completed Retaliatory Tax Credit form w/documentation)				
24.	Total Tax Credits (Sum of Lines 21 through 23)				
25.	Balance of Tax Liability Due - Line 18, 19 or 20 Less Line 24 (See instructions)				
26.	Credit for Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year				
27.	Balance Due (Line 25 less Line 26)				
28.	Prepayment of Tax liability due March 1st - (50% of Line 18)				
29.	Total Amount Due State of New Jersey (Line 27 plus Line 28)				
30.	If Line 27 plus Line 28 is less than zero enter the amount of the overpayment				
31.	Amount of Line 30 to be applied to Prepayment of Tax Liability due June 1st				
32.	Amount to be refunded (If Line 30 plus Line 31 is less than zero)				
33.	Amount of Business Tax Credit carryforward available to be credited against next year's return. (Schedule BTC - If Line 12 is less than zero "0", enter amount here)				
PAYMENT OF THE AMOUNT INDICATED AT LINE 28 MUST BE SUBMITTED IN ONE TRANSACTION, 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 <u>N.J.S.A.</u> 54:18A-6 (12.5% limitation), then Schedule B, Calculation of Taxable Premiums as provided in <u>N.J.S.A.</u> 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 I.					
* Requires proof of payment.					
** All Guaranty Fund Assessment Credits requested on this return require legible copies of each Guaranty Fund Assessment Class B Certificate of Contribution with Account Summary and the check(s) issued in payment, reconciling to the credit. 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 I, attach a separate schedule listing each affiliate and applicable premiums used in completing Column A of Section I.

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

SECTION I – 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 Class B 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 assessments 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			
2012			2015	2016	2017	2018	2019		1.	
2013			2016	2017	2018	2019	2020		2.	
2014			2017	2018	2019	2020	2021		3.	
2015			2018	2019	2020	2021	2022		4.	
2016			2019	2020	2021	2022	2023		5.	
Maximum Credit Available for this Return (add Lines 1 through 5 above)									6.	
Enter 20% of the Total Tax Due reported on Schedule A, Line 18 Column 2									7.	
Enter the lesser of Line 6 or 7 here and on Schedule A, Line 22 Column 2									8.	

SCHEDULE BTC – SUMMARY OF BUSINESS TAX CREDITS

This schedule must be completed if any business tax credits are claimed for the current tax filing period. Instructions for claiming a credit are found on the corresponding tax credit form.

SCHEDULE BTC – SUMMARY OF BUSINESS TAX CREDITS		
1.	Enter Total Tax Amount - from Form DEXM page 2 Line 18, DEM page 2 Line 19, EXM page 3 Line 42, or EM page 3 Line 27	1.
REFUNDABLE BUSINESS TAX CREDITS		
2.	Enter Business Employment Incentive Program Tax Credit (BEIP) from Form 324-IPT	2.
3.	Enter Neighborhood Revitalization State Tax Credit For Business Taxes Other Than The New Jersey Corporation Business Tax from Form 311-MISC	3.
4.	Enter Total Tax after Refundable Business Tax Credits – subtract the sum of Line 2 plus Line 3 from Line 1.....	4.
5.	If the amount on Line 4 is less than zero, enter the overpayment amount to be refunded. (Enter here and on DEXM page 2 Line 19, DEM page 2 Line 20, EXM page 3 Line 43, or EM page 3 Line 28).....	5.
6.	Enter Business Retention and Relocation Tax Credit from Form 316-IPT	6.
7.	Enter Urban Transit Hub Tax Credit from Form 319-IPT	7.
8.	Enter Grow NJ Tax Credit from Form 320-IPT	8.
9.	Enter Residential Economic Redevelopment and Growth Tax Credit from Form 323-IPT	9.
10.	Enter Other Tax Credits (see General Filing Instructions).....	10.
11.	Remaining Business Tax Credits taken on this return – Add Lines 6 through 10	11.
12.	Enter Total Tax after Remaining Business Tax Credits (If Line 4 is greater than or equal to zero, subtract Line 11 from Line 4).....	12.
13.	If Line 12 is less than zero, enter amount of credit carryforward to next year’s return.....	13.

DOMESTIC COMPANIES - GENERAL FILING INSTRUCTIONS

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

- NAIC Code Number** – 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.
- Schedule A** – Please note, Schedule A, including Lines 1 to 14, must be completed by all taxpayers, including taxpayers calculating their tax using the 12.5% Premium Tax Cap, indicated in Schedule B.
- Business Tax Credits** – Schedule BTC must be completed if any Business Tax Credit is requested. Instructions for claiming a credit are found on the corresponding tax credit form on the Division’s website at <https://www.state.nj.us/treasury/taxation/prmtins.shtml>
- Other Business Tax Credits:** On Schedule BTC, Line 11 provides for any valid business tax credit(s) allowable in accordance with the New Jersey Insurance Premium Tax that were not enacted at the time that this packet was printed. Any tax credit(s) claimed on this line must follow the same Business Tax Credit procedure outlined in #3 above.
- Other Insurance Premium Tax Credits** on Schedule A Line 21 is for Insurance Premium Tax credits allowed but not specifically detailed elsewhere within the return. They also require supporting documentation in the form of copies of the assessment and the check issued in payment of the credit. These documents **MUST** be submitted with the return or the credit will be denied.
- Guaranteed Fund Assessment Credits** – When requested on Schedule A, legible copies of the Class B Certificate of Contribution with Account Summary Detail, and a copy of the check issued in payment, must be submitted with the return or the credit will be denied. With multiple assessments, show the credit calculation, broken down by assessment.
- Credit for Prepayment of Premium Tax Paid** – If the prepayment credit includes amounts as a result of mergers/acquisitions, show the credit calculation by entity name and Federal Tax ID#.
- 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.
- 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.
- Overpayment** – Any refundable credit overpayment included on Schedule A, Line 30 must first be applied to the prepayment due June 1st before any refund will be issued.
- Affiliate Schedule** – A taxpayer determining its taxable premiums as provided in N.J.S.A. 54:18A-6, when completing Schedule B, Section I, **must** include a separate schedule listing each affiliate and its applicable premiums, used in completing Section I column A.
- New Jersey State page and Schedule T** – A copy of both, must be attached to this return.
- 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.

INSTRUCTIONS FOR COMPLETING SCHEDULE B

- This schedule is to be completed only by those companies eligible to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12.5% limitation).
- If the company was licensed in this State on or after June 30, 1984, complete both Section I and Section II.
- If the company was licensed in this State prior to June 30, 1984, complete only Section II.
- Worldwide Premiums are to be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 20.
- When completing Section I, attach a separate schedule listing each affiliate and its applicable premiums used in completing Column A.
- When completing Schedule B, **Schedule A, Lines 1 to 14 must be completed by ALL TAXPAYERS.**

DOMESTIC COMPANIES GENERAL FILING INSTRUCTIONS-cont'd**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 are to 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.

SCHEDULE BTC SUMMARY OF BUSINESS TAX CREDITS

Please note, the schedule has been modified. Lines have been deleted, added and moved.

To claim Business Tax Credits on Schedule A, this schedule must be completed.

1. If there is an overpayment amount on Line 5, enter that amount on Schedule A Line 19.
2. If there is an amount on Line 12, greater than or equal to "0" zero, enter that amount on Schedule A Line 20.
3. If the amount on Line 12 is less than "0" zero, enter the carryforward amount Schedule A Line 33.

Instructions for claiming a Business Tax Credit are found on the corresponding tax credit forms on the Division of Taxation website at <http://www.state.nj.us/treasury/taxation/prntins.shtml>.

BUSINESS TAX CREDITS – SCHEDULE A LINE 19 & 20

See Schedule BTC Summary Of Business Tax Credits

BALANCE OF TAX LIABILITY DUE – LINE 25

When there are Business Tax Credits and a completed Schedule BTC, if there is an amount other than "0", to be entered on Line 20 or 21, use that amount, in calculating Line 25. .

When there are no Business Tax Credits, use Line 18, to calculate Line 25.

TOTAL AMOUNT DUE STATE OF NEW JERSEY – LINE 29

Total Amount Due State of New Jersey which includes the March 1st prepayment, must be transmitted in **ONE** transaction with an applicable year of **2019** and **RETURN PERIOD ENDING date of 191231** to the Division of Taxation at the address indicated on the front page of this return. **DO NOT** send tax payments to The Department of Banking and Insurance.

ELECTRONIC FUNDS TRANSFERS

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

****FED Wires or other wire transfers are not acceptable methods of EFT payments****

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.

*****EFT REMITTANCE INSTRUCTIONS*****

When making payments by check or EFT, the Total Amount Due State of New Jersey which includes the March 1st prepayment, must be transmitted in "**ONE**" transaction. A separate transaction for the March 1st prepayment is not recommended.

For processing purposes, payments by check or EFT associated with the 2019 tax return, are to use the return year, **2019 and RETURN PERIOD ENDING date of 191231 (YY) Year, (MM) Month, (DD) Day**. The payments include but are not limited to the **Total Amount Due State of New Jersey due on or before March 1st** (which includes the 3/1 prepayment) and the **prepayment due June 1st**. The same procedure must be followed for subsequent tax years, after adjusting the return year, and Return Period Ending Date, accordingly.

IMPORTANT NOTE

If the taxpayer is paying obligations to The Department of Banking and Insurance those amounts must be submitted under separate cover to The Department of Banking and Insurance at the address indicated on the notice received for that obligation.