

INSURANCE COMPANIES TAX

THIS PORTION IS YOUR WORKSHEET TO USE IN COMPLETING YOUR ATTACHED TAX RETURN
KEEP THIS WORKSHEET FOR YOUR RECORDS

SEE REVERSE FOR COMPLETION INSTRUCTIONS

TAX REMITTER
NUMBER:

FOR THE PERIOD ENDING:

TAX RETURN CALCULATION

AMOUNTS

1. Taxable Premiums in the Province for the Year (Complete Schedule 1)	
2. Less: Estimated Taxable Premiums Reported on Installment Returns Filed for the Year (Complete Schedule 3)	
3. Net: Under/(Over) Reported Taxable Premiums for the Year (Line 1 less Line 2)	
4. Total Tax Payable for the Year(Complete Schedule 2)	
5. Amount of Installment Tax Paid for the Year (Complete Schedule 3)	
6. Net Tax Due (Tax Overpaid) (Line 4 less Line 5)	
7. Total Amount Enclosed	

THE AMOUNTS CALCULATED IN THE ITEMS ABOVE MUST BE COPIED
TO YOUR ATTACHED TAX RETURN

NOTE:

COMPLETE SUPPORTING RECORDS MUST BE KEPT UNTIL THEIR DESTRUCTION HAS BEEN AUTHORIZED BY THE
MINISTER OF FINANCE. FAILURE TO KEEP SUCH RECORDS WILL RESULT IN PENALTIES BEING IMPOSED.

DETACH AND RETURN THE BOTTOM PORTION

INSURANCE COMPANIES TAX ANNUAL RETURN (UNDER THE REVENUE ADMINISTRATION ACT)



ALL APPLICABLE SECTIONS MUST BE COMPLETED
PLEASE TYPE OR PRINT CLEARLY IN INK

Government of
Newfoundland and Labrador
Department of Finance

Int. charged at a rate of

RETURN DUE DATE:

TAX REMITTER NO.:
TAX REMITTER:

AMOUNTS .

FOR THE PERIOD ENDING	1. Taxable Premiums in the Province for the Year (Complete Schedule 1)	
	2. Less: Est Taxable Premis Reported on Install Rets Filed for the Year (Complete Sched 3)	
	3. Net: Under/(Over) Reported Taxable Premiums for the Year (Line 1 less Line 2)	
IF BUSINESS HAS BEEN DISCONTINUED DURING THE PERIOD, PLEASE SPECIFY	4. Total Tax Payable for the Year(Complete Schedule 2)	
	5. Amount of Installment Tax Paid for the Year (Complete Schedule 3)	
	6. Net Tax Due (Tax Overpaid) (Line 4 less Line 5)	
YEAR MONTH DAY	7. Total Amount Enclosed	

CERTIFICATION

These statements are hereby certified to be correct to the best of my knowledge and belief of the undersigned. It is a serious offence to make false statements on this return.

SIGNATURE OF AUTHORIZED SIGNING OFFICER:

TITLE:

AUTHORIZED SIGNING OFFICER (Please Print or Type):

DATE:

TELEPHONE NO. OF AUTHORIZED SIGNING OFFICER:

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PLEASE READ CAREFULLY

- A. Failure to file returns or remit the tax payable by the due date will result in interest and/or penalty being imposed.
- B. Cheques or money orders should be made payable to the Newfoundland Exchequer and forwarded to:

**DEPARTMENT OF FINANCE
TAXATION AND FISCAL POLICY BRANCH
TAX ADMINISTRATION DIVISION
P.O. BOX 8720
ST. JOHN'S, NL
A1B 4K1**

- C. The tax return must be properly signed by an authorized officer, director, or agent of the business and filed with the Minister no later than the due date shown on the front of this return.
- D. Interest on outstanding balances is charged at the prime lending rate plus 4% and is compounded monthly. The interest rate shall be determined on June 15th and December 15th in each year. Where full payment is not made by the due date, an additional 10% of the amount due may be imposed.
- E. Record your tax remitter number, name and tax program on the back of your cheque or money order.
- F. If no tax due, a **NIL** return must be filed. **Line 1** must always be completed.
- G. If your business has been discontinued during the period:
 - [a] A return should be filed and the tax due remitted for the period.
 - [b] The name of the successor, if any, should be forwarded to the Minister of Finance, within 15 days, along with your registration certificate for cancellation.
- H. Any inquiries may be forwarded to (709) 729-6297 or toll free 1-877-729-1695.

**DEPARTMENT OF FINANCE
TAXATION AND FISCAL POLICY BRANCH
TAX ADMINISTRATION DIVISION
P.O. BOX 8720
ST. JOHN'S, NL
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Government of Newfoundland and Labrador
Department of Finance

INSURANCE COMPANIES TAX SCHEDULES

SCHEDULE 1 - PREMIUMS FOR THE YEAR

Total Premiums in Province for the Year **	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> a
Total Adjustments for the Year (Attach Details)	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> b
Taxable Premiums in Province for the Year (Add to Line 1 of Annual Return)	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> c

** Net of premiums on reinsurance ceded to the company by other companies.

SCHEDULE 2 - TAX PAYABLE FOR THE YEAR

Tax Payable for the Year (5% of line (c) from Schedule 1 above) (Add to Line 4 of Annual Return)	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> d
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SCHEDULE 3 - SUMMARY OF INSTALLMENT TAX RETURNS/PAYMENTS FOR THE YEAR

	Estimated Taxable Premiums Reported	Tax Installments Paid
Total Installment Returns for the Year	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> e @ 5% Add to Line 2 of Annual Return	\$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> f Add to Line 5 of Annual Return