



## **2023 PREMIUM TAX INSTRUCTIONS FOR PROPERTY & CASUALTY INSURANCE COMPANIES AND RISK RETENTION GROUPS**

### **CHOOSING THE CORRECT PREMIUM TAX FORM:**

The type of premium tax form filed must match the Company's NAIC annual statement filing. For example, if the Company filed its annual statement on a P&C Blank, then it must file its NH premium taxes on the P&C tax form.

### **GENERAL INSTRUCTIONS**

**ANNUAL STATEMENT FILING DUE DATE IS MARCH 1, 2024**

**PREMIUM TAX RETURN DUE DATE IS MARCH 15, 2024**  
(See RSA 400-A:32-a Timely Mailing)

**DO NOT SEND PREMIUM TAX FORM AND/OR CHECKS WITH THE ANNUAL  
STATEMENT PACKAGE**

**RECOMMENDED FILING METHOD IS ONLINE THROUGH TRITECH - SEE**  
<https://tritechsoft.com/Premium-Tax> .

**FILING OF PAPER FORMS IS ACCEPTED AT THIS TIME.**

**SUBMIT THE PAPER PREMIUM TAX FORM TO:**

**NEW HAMPSHIRE INSURANCE DEPARTMENT  
21 SOUTH FRUIT STREET, SUITE 14  
CONCORD, NEW HAMPSHIRE 03301**

**PAYMENT METHODS: PAY IN WHOLE DOLLARS ONLY!**

### **ELECTRONIC FUNDS TRANSFER**

**Payment by EFT is required if Page 3, Line 31 of the calendar year 2023 premium tax form is \$20,000 or greater.** The Department accepts electronic funds transfers via ACH Credit method, or by Wire Transfer. The company is solely responsible for ensuring that the funds are in the State of New Hampshire Insurance Department EFT bank account by the legal due date. EFT payments are not transmitted through the US mail; RSA 400-a:32a Timely Mailing cannot be applied to an EFT payment.

### **ACH CREDIT & WIRE TRANSFER**

For companies submitting a paper filing, but choosing the ACH Credit method or Wire Transfer method, upon payment initiation, please email a copy of page 3 of the tax form to: [premiumtax@ins.nh.gov](mailto:premiumtax@ins.nh.gov) to ensure the payment will be properly applied when received. If EFT instructions are needed, email: [premiumtax@ins.nh.gov](mailto:premiumtax@ins.nh.gov). As the instructions differ for each method, please specify whether ACH Credit or Wire Instructions are needed.

### **ACH DEBIT**

ACH Debit is no longer offered as a form of payment.

### **PAYMENT BY CHECK**

If Page 3, Line 31 of the calendar year 2023 premium tax form is less than \$20,000, the payment may be made by check. See above mailing address.

**MAKE CHECKS PAYABLE TO: NEW HAMPSHIRE INSURANCE DEPARTMENT**

### **RSA 400-A:32-a Timely Mailing**

Tax statements and tax payments made by check postmarked after March 15, 2024, will be subject to RSA 400-A:32-a, provisions for Timely Mailing, and, RSA 400-A:32, IV, which imposes a penalty for filing after the due date. ***Please note that a "Pitney Bowes" postal imprint does not qualify as a post office cancellation mark.***

### **ALIEN CORPORATIONS**

For retaliatory purposes, "State of Domicile" as used in this refers to State of Entry.

### **LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OF 1996**

Refer to RSA 408-B, Sections 4, 9 and 13 for laws concerning the deductibility of assessments made under this law.

### **ROUNDING**

The following lines on the premium tax return should be rounded to the nearest whole dollar:

Page 3, Line 34 Total Taxes Payable

Page 3, Line 35 Prepayment Due

Page 3, Line 36 Filing Fees

Page 3, Line 37 Annual License Fee

Page 3, Line 38 Balance Due

Line 32. The credit for calendar year 2023 estimated tax payment must be reported in whole dollars only for the amount paid. Penalties or late fees paid cannot be applied against premium tax liability.

***Estimated payments must be included at the exact amount paid.***

### **WHAT IS TAXABLE?**

Gross direct premiums written including renewal premiums, finance, and service charges.

Direct premiums written on stop-loss reinsurance provided to self-insured groups.

Policy fees.

Membership and other fees.

All other considerations for insurance received during the calendar year.

Flood Insurance premiums reinsured by the Federal Government are taxable.

### **Medicare Advantage Plans**

Most Medicare beneficiaries may choose to receive benefits through a Medicare Advantage Plan provided through a private insurance company approved by Medicare to provide coverage through Health Maintenance Organizations or Preferred Providers Organizations.

Medicare Advantage Premiums received by such organizations on behalf of Medicare qualified individuals ***are not subject*** to premium taxation.

### **Medicare Part D**

Premiums for Medicare Part D coverage ***are not subject*** to premium tax.

Medicare supplementary policies (Medigap coverage) sold by an insurance company ***are subject*** to premium tax.

**Medicaid Premiums** *are* subject to premium tax.

**ALL DEDUCTIONS FROM GROSS PREMIUMS MUST BE FULLY DOCUMENTED.**

## **DOCUMENTS REQUIRED TO BE FILED**

- 1) Schedule T.
- 2) NH State Page.
- 3) Include copies of State of Domicile assessments, tax documents, or fee invoices.
- 4) 2022 NH Business Enterprise tax form. Do not attach Federal Income Tax Return.  
**Do not deduct any estimated payments that will be applied to calendar year 2023 Business Enterprise Tax.**
- 5) Documents substantiating any reduction and/or credits taken on tax form.
- 6) **A Retaliatory-NH Return, based on your New Hampshire premium, including all other fees, taxes, assessments, and surcharges that a hypothetical New Hampshire company operating in your state would be subject to.**

## **PAGE ONE INSTRUCTIONS**

COMPANY NAME – enter company name.

BUSINESS ADDRESS – enter **complete** company address, street, city, state, zip.

TYPE OF COMPANY – all licensed P&C companies and RRG's should use this form.

FEDERAL TAX ID NUMBER - enter the company's nine-digit Federal Tax ID number.

NAIC GROUP CODE - enter the company's four-digit NAIC group code.

NAIC COMPANY CODE - enter the company's five-digit NAIC company code.

STATE OF DOMICILE - enter the two-letter abbreviation of the company's state of domicile.

PLEASE REPORT THE PAYMENT AMOUNT AND METHOD OF PAYMENT.

PLEASE INDICATE IF THE COMPANY HAS AMENDED ITS BYLAWS (Yes/No)

PLEASE INDICATE IF THE COMPANY HAS AMENDED ITS ARTICLES OF AGREEMENT (Yes/No)

Complete the attestation statement and have this statement properly signed by the Company's president, vice-president, secretary, treasurer, or manager in accordance with NH RSA 400-A:31, II.

## **ELECTRONIC SIGNATURES**

An area has been provided on page one for electronic signatures. NH RSA 294-E provides definitive requirements for electronic signatures. Software manufacturers providing the capability for companies to file electronically must provide the capability for the capture of electronic signatures of the premium tax form.

## **PAGE TWO INSTRUCTIONS**

### **RETALIATION**

NH retaliates on a tax-for-tax and fee-for-fee basis.

### **LICENSING, FILING AND DOCUMENT FEES**

Include in this section fees and charges relating to the filing of the annual statement, licensing of the company, and other documents fees. Fees and assessments other than filing and license fees must be included in the appropriate sections below. RRG's must report and provide payment for the fees imposed by the company's domiciliary state.

### **OTHER TAXES, FEES, SURCHARGES AND ASSESSMENTS**

**Include all special and general assessments, other taxes, fees, and surcharges that the company's domiciliary state has levied against NH domiciled companies operating in your state of domicile. Include a copy of the assessment that has been made by the domiciliary state. Complete detailed computations must be provided.**

If the company calculates retaliatory assessments and taxes on allocations other than the predetermined percentages provided by the domestic state, these allocations must have been approved and be utilized in the calculation of taxes for the domestic state to be properly used for NH filing purposes. The company should include adequate explanation with their premium tax statement.

**Items to be included here:**

Actuary	Franchise Tax
Assigned Claims/Motor Vehicle	Fraud
Attorney General	Hazardous Materials
Automobile Insurance Fund	Insurance Department Administrative Maintenance
Automobile Theft Authority Fund	Market Assistance Plan
Corporate Tax/Corporate Registration	Merit Rating Bureau
Cost Containment Fees	Minimum Tax
County/City/District/Municipality	MTA Surcharge
Financial Regulation Fee	Rating/Rate Hearing
Fire Department or Fire Marshall Tax	State Rating Bureau
Fire or Firemen's Training/Fire Surcharge	Worker's Compensation Administrative Assessment
Fire Prevention & Protection/Fire Services	Worker's Compensation Second Injury Fund
Firemen's Pension Fund/Firefighter's Relief Fund	

**Any other taxes, fees, surcharges and/or assessments applicable to NH domestic companies operating in the Company's domicile state.**

**Line 21 -- Insurance Department Maintenance**

New Hampshire's Insurance Department Maintenance assessment is 100% restricted revenue used solely to fund the operations of the New Hampshire Insurance Department. New Hampshire retaliates on a tax-for-tax and fee-for-fee basis. If it has been determined that the Company's State of Domicile Insurance Department Maintenance assessment is used for the EXACT same purpose, complete column 2, (NH Basis), with the New Hampshire Administrative Assessment paid during the calendar year 2023. Compute the domestic state assessment using NH data for column 3. Column 4 will automatically populate the difference **but not be less than zero.**

**Note: If the purpose of the State of Domicile Insurance Department Maintenance assessment is not for the EXACT same purpose, leave line 21, column 2 blank, as an offset will not be allowed.**

**Lines 30 to 35 – Other Taxes, Fees, Surcharges, and Assessments**

Include any other assessments that the company's domiciliary state has levied against NH companies.

The company must include a copy of the assessment as received from the assessing authority.

**STATE PAGE INSTRUCTIONS**

***Premiums Written Calendar Year 2023***

All companies completing their premium taxes with the electronic form should complete the worksheet entitled "ST PAGE". The data should either be manually entered by line of business or electronically copied to the ST PAGE worksheet. As the company's data is entered into the ST PAGE worksheet, the NH BASIS column on Page 3 will automatically populate with the proper premium data. The company will then need to complete the domestic state portion of Page 3, column 3.

### **Other Taxable Considerations/Other Deductions**

List any other taxable items in these sections. The company will need to manually list any other taxable considerations and/or deductions. Complete details must be provided. The totals will automatically calculate on page 3.

### **Unallocated premiums written (NH Domestic)**

This line is reserved for "orphan" premiums written by NH domestics. Enter the respective data on the "ST PAGE" worksheet. The totals will automatically calculate on page 3.

### **PAGE THREE INSTRUCTIONS**

Property and Casualty premiums written during calendar year 2023 will be taxed at the rate of 1.25%.

Accident and Health premiums written will be taxed at the rate of 2.00%.

Lines 1 - 21 column 2 will automatically populate upon the completion of the "ST PAGE". The company will need to complete the "State of Domicile" basis for lines 1 - 18 of Page 3, column 3. The company should use this section to report premiums written in the same manner as it would have reported as a foreign licensed company to its domiciliary state.

### ***NEW HAMPSHIRE BASIS – TAXABLE PREMIUMS WRITTEN***

Lines 20 through 22. Upon the completion of "ST PAGE", lines 20 through 22 will be populated. Line 22 provides NH taxable premiums written and the respective NH premium tax. Upon completion of the ST OF DOM BASIS, the state of domicile premiums written, and respective domiciliary premium tax will be calculated.

This section automatically calculates the NH Basis for taxable premiums written from the "ST PAGE" worksheet previously completed.

Line 20 Summarizes taxable Property and Casualty premiums written.

Line 21 Summarizes taxable Accident and Health premiums written.

Line 22 Summarizes taxable premiums written.

### ***STATE OF DOMICILE BASIS COLUMN (3)***

***The company must complete this portion of the premium tax form as if it were a NH domiciled company filing as a foreign licensed company with its domestic state.***

Lines 1 and 2. The company must report total premiums written by type of coverage on lines 1 and 2.

Line 3. The total of lines 1 and 2. This line must agree with Schedule T Line 30, column 2, New Hampshire Direct Premiums Written.

Lines 4 & 5. Include finance charges as reported on Schedule T Line 30, column 8 New Hampshire finance and service charges for Property and Casualty and Accident and Health lines of business respectively.

Lines 6 & 7. Include other taxable considerations for Property and Casualty and Accident and Health lines of business respectively.

### ***DEDUCTIONS FROM GROSS PREMIUMS P&C***

Lines 11 through 13. Include such deductions as are available in the company's domiciliary state. The applicable tax rate should agree with the respective rate utilized in the Gross Premium section for deductible items. Attach the supporting documentation.

**DEDUCTIONS FROM GROSS PREMIUMS A&H**

Lines 15 through 18. Include such deductions as are available in the company's domiciliary state. The applicable tax rate should agree with the respective rate in the Gross Premiums section. Attach the supporting documentation.

**COMPUTATION OF BALANCE DUE**

Lines 23 through 38. The majority of the lines in this section will be automatically calculated. The following discussion concerns business tax credits and estimated tax payments that the company will enter into the appropriate lines.

**Line 28. BUSINESS ENTERPRISE TAX CREDIT RSA 400-A:34-a.**

NH Business Enterprise Tax paid in accordance with RSA 77-E may be deducted from the amount remaining on Line 27. ***This credit plus any amount on lines 29 and 30 cannot reduce the amount on Line 31 below \$0.*** Only those amounts incurred during calendar year 2022 may be deducted on this return. Any excess BET not deducted on this form must be applied in accordance with RSA 400-A:34-a. Required documentation is as follows.

***Business Enterprise Tax Forms required for a unitary business:***

Members of a unitary business must provide the following forms:

Form BT-SUMMARY

Form BET-WE

Form BET -80-WE

Form NH-1120-WE

Such other forms as are necessary to assess the deductibility of the company's Business Enterprise Tax. Unitary groups are required to send the complete Business Enterprise Tax return for the group.

***Business Enterprise Tax Forms required for a non-unitary business:***

Companies not required to file on a combined basis with the Department of Revenue must provide the following forms:

Form BT-SUMMARY

Form BET

Form NH-1120

Such other forms as are necessary to assess the deductibility of the company's Business Enterprise Tax.

The company's filing should be sufficiently complete to enable the NH Insurance Department to make a definitive assessment of the propriety of any NH Business Enterprise Tax amounts claimed as a credit against the premium tax liability.

**Line 29. COMMUNITY DEVELOPMENT FINANCE AUTHORITY (RSA 162-L:10)**

The credit arising from amounts contributed in accordance with the NH Community Development Finance Authority should be included on this line. Per RSA 162-L:10, III, "The credit or any unused portion thereof may be carried forward for no more than 5 succeeding years..." There is no provision for the refund of any unused portion of the credit. **Any credits applied without supporting documentation will be denied.**

**Line 30. LIFE AND HEALTH INSURANCE GUARANTY FUND ASSOCIATION OF 1996 (RSA 408-B:13)**

20% of Class B assessments made under the Health Insurance Guaranty Assessment Act of 1996 may be included on this line. Only **Class B assessments made in accordance with RSA 408-B** may be included on this line. Any credits must be approved by the NH Guaranty Association. **Any credits applied without supporting documentation will be denied.**

**Line 31. TOTAL PREMIUM TAXES PAYABLE.**

This line represents the company's premium tax liability for calendar year 2023 after business tax credits have been applied, but not less than zero. ***In accordance with NH RSA 400-A:32-b., if this amount is \$20,000 or higher, the company must make payment by electronic funds transfer (EFT).***

**Line 32. ESTIMATED PAYMENTS**

The company should enter the exact amount of the estimated 2023 tax prepayment made on the March 15, 2023 tax report. Late fees paid cannot be applied as a credit against the premium tax liability.

Late fees cannot be applied as a credit against the premium tax liability.

Line 33. Total payments and credits.

Line 34. Total taxes payable is equal to total tax liability, line 31 less total payments and credits, line 33.

Line 35. Prepayment due March 15, 2024. Line 32, minimum of \$200.

Line 36. Total filing fees from page 2, line 4.

Line 37. Total license fees from page 2, line 1.

**Line 38. BALANCE DUE (OVERPAYMENT) MARCH 15, 2024**

The sum of Lines 34, 35, 36, and 37. This amount is due on or before March 15, 2024.

*If payment is made by check, the check should accompany the hardcopy premium tax form or forms. If paid by EFT, the EFT must be made in accordance with instructions provided by this Department.*

**REFUNDS**

Should the company have an overpayment on Line 38 a refund will be issued prior to June 30, 2024, unless the overpayment results from the application of a non-refundable tax credit, such as the Community Development Finance Authority tax credit. Should the overpayment result from the application of a non-refundable tax credit, the overpayment will be applied to increase the estimated payment, effectively providing a carry forward for the non-refundable tax credit.

**TOTAL AMOUNT PAID**

Enter the total amount paid at the time of filing this return onto Page 1, and the amount will carryforward to Page 3.

**ALL TAX FORMS WITH INSTRUCTIONS ARE AVAILABLE ON OUR WEB SITE:**

<https://www.nh.gov/insurance/companies/premiumtax>

**IF YOU HAVE QUESTIONS, PLEASE EMAIL US AT THE FOLLOWING:**

<mailto:premiumtax@ins.nh.gov>

THE INSURANCE DEPARTMENT'S FAX NUMBER IS: (603) 271-1406

**408-B LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION OF 1996**  
**EFFECTIVE DATE: JANUARY 1, 1996**

**RSA 408-B:4 DEFINITIONS**

VII: "Insolvent insurer" means a member insurer which on or after January 1, 1996, is placed under an order of liquidation by a court of competent jurisdiction with a finding of insolvency.

**RSA 408-B:9 ASSESSMENTS**

II (b): Class **B assessments** shall be made to the extent necessary to carry out the powers and duties of the association under RSA 408-B:8 with regard to an impaired or an insolvent insurer.

**RSA 408-B:13 ASSESSMENT TAX CREDIT**

1. A member insurer may offset against its tax liability under RSA 400-A any assessment described in RSA 408-B:9, II(b) for the **life insurance and annuity account, and for the health account for guaranteeing the performance of contractual obligations of an impaired or insolvent insurer in regard to disability income coverages only**, to the extent of 20 percent of the amount of the assessment for each of the 5 calendar years following the year in which the assessment was paid. If a member insurer cease doing business, all unaccredited assessments described above may be credited against its tax liability under RSA 400-A for the year it ceases doing business.

II. Any sums acquired by refund from the association by member insurers, as stated in RSA 408-B:9, VI, and which were previously offset against taxes as described in paragraph I, shall be paid by these insurers to the state of New Hampshire in the manner required by the commissioner. The association shall notify the commissioner that refunds have been made.

**This law provides an effective date of January 1, 1996. Only those Class B assessments for insolvencies occurring on or after January 1, 1996, are affected by this law.**

**For insolvency's occurring on or after January 1, 1996, 20% of the assessment may be credited against premium tax beginning the calendar year following the year in which the assessment was paid. The earliest credit will be allowed as an offset against premium tax for calendar year 1997.**

**ANY ASSESSMENTS MADE UNDER RSA 404-D ARE NOT ELIGIBLE CREDITS AGAINST PREMIUM TAX.**



## INSURANCE TAX LAW CHANGES FOR CALENDAR YEAR 2023 - NONE

## INSURANCE TAX LAW CHANGES FOR CALENDAR YEAR 2022

- 1 Insurance Department; General Premium Tax: Report. Amend RSA 400-A:31, II, effective 7/2/22, to read as follows:

II. The report shall be [~~verified by oath or affirmation of~~] ***signed by*** the insurer's president, vice-president, secretary, treasurer, or manager. ***Any person that submits false information in a report shall be subject to prosecution for unsworn***