



State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14, Concord NH 03301

Premium Tax Report

Industrial Insured Unauthorized

[RSA 406-B:16, VI](#)

Multi-State Industrial Insured

[RSA 406-B:16-a](#) , [RSA 405-B:5](#)

This report is to be filed before March 1 next succeeding the calendar year in which the insurance was so effectuated, continued, or renewed with the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301. Checks should be made payable to:

NH Insurance Department.

Person or Organization Insured

Address (including Zip Code)

Year-ending December 31, _____

Name of Insurance Manager

Contact Email Address

Contract Number (1)	Effective Date (2)	Expiration Date (3)	Name and Address of Insurance Company (4)	Description of Type of Coverage (5)	Premium Charged (6)	3 % Tax on Premium (7)

NH & Multi-State Risk Premium* – Total Page 1, Col. 6 \$ _____ NH & Multi-State 3% Tax Due* – Total Page 1, Col. 7 \$ _____

*Multi-State Premium must be detailed on Schedule A (Page 2).

Amount Enclosed \$ _____

The undersigned insured hereby acknowledges that the above listed insurance is not eligible for protection under the NH Insurance Guaranty Association.

SIGNED STATEMENT

By signing below, I swear or affirm that I am familiar with the information provided in this report, and that all information provided is true and accurate. I understand that submitting false information in a report may be prosecuted as unsworn falsification, pursuant to RSA 641:3.

Signature

Printed Name

Date

Schedule A: Multi-State Industrial Insured

Property/Risk Location (8)	State with Risk Location (9)	Allocation Method (10)	Total Premium (11)	Allocation Percentage (12)	Tax Rate @ 3% (13)	Allocated Premium Amount (14)	Tax Amount (15)

Every industrial insured under a contract procured from an unlicensed insurer shall pay to the commissioner of insurance before March 1 next succeeding the calendar year in which the insurance was so effectuated, continued, or renewed a premium receipts tax of 3 percent of the gross premiums charged for such insurance.

Late Fees: For late payments received 1-30 days after the due date, the penalty fee shall be 3 percent of the amount of tax due. For late payments received 31-60 days after the due date, the penalty fee shall be 6 percent of the amount of tax due. For late payments received more than 60 days after the due date, the penalty fee shall be 12 percent of the amount of tax due.

Questions: Please contact premiumtax@ins.nh.gov