

New Hampshire Insurance Department 21 South Fruit Street, Suite 14, Concord NH 03301 Premium Tax Report

Independently Procured Unauthorized

RSA 406-B:17

Multi-State Independently Procured Unauthorized

RSA 406-B:17-a, RSA 405-B:6

This report is to be filed with the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire 03301, within sixty days after the date on which such insurance is procured. Checks should be made payable to: **NH Insurance Department.**

	Person or Or	ganization Insured	Address (including Zip Code) Year-ending December 31,			
Name of Ins Contract Number (1)	urance Manager Effective Date (2)	Expiration Date (3)	Email Address Name and Address of Insurance Company (4)	Description of Type of Coverage (5)	Premium Charged (6)	4% Tax on Premium (7)
NH & Multi-State	Risk Premium* – '	Гotal Page 1, Col. 6	NH & Mul	ti-State Tax Due* – Total Page	1, Col. 7 \$	
*Multi-State prem	nium must be detail	ed on Schedule A (Pa	Amount Enclosed \$			
The undersigned i	nsured hereby ackn	owledges that the ab	ove listed insurance is <u>not</u> eligible	e for protection under the NH Ins	surance Guaranty As	ssociation.
			SIGNED STATEMED the the information provided in this ay be prosecuted as unsworn falsi	report, and that all information j		accurate. I
Signature		Print	red Name	Date		

Schedule A: Multi-State Independently Procured

Property/Risk Location	State with Risk Location	Allocation Method	Total Premium	Allocation Percentage	Tax Rate @ 4%	Allocated Premium Amount	Tax Amount
(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

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 <u>premiumtax@ins.nh.gov</u>