

TEXAS ANNUAL INSURANCE PREMIUM TAX REPORT
 (Licensed Companies and Miscellaneous Organizations)

a. T Code **71100**

• **A report must be filed even if no tax is due.**

c. Taxpayer number

d. Filing period

e.

f. Due date

g. Taxpayer name and tax report mailing address (Make any necessary name and address changes below)

h. IMPORTANT

Blacken this box if your mailing address has changed. Show changes by the preprinted information. →

i.

j.

SECTION I LIFE / HEALTH MAINTENANCE ORGANIZATIONS	1. Gross life premiums or HMO revenues (Dollars and cents)	1.	<input checked="" type="checkbox"/>	<input type="text"/>
	2. Non-taxable premiums (From Form 25-205)	2.	<input checked="" type="checkbox"/>	<input type="text"/>
	3. Taxable premiums (Item 1 minus Item 2)	3.	<input type="checkbox"/>	<input type="text"/>
	4. Enter the smaller of Item 3 or \$450,000	4.	<input type="checkbox"/>	<input type="text"/>
	5. Tax rate	5.	<input checked="" type="checkbox"/>	. 0 0 8 7 5
	6. Tax due (Multiply Item 4 by Item 5. If less than zero, see instructions.) (Dollars and cents)	6.	<input type="checkbox"/>	<input type="text"/>
	7. Enter the premiums over \$450,000 (Dollars and cents)	7.	<input type="checkbox"/>	<input type="text"/>
	8. Tax rate	8.	<input checked="" type="checkbox"/>	. 0 1 7 5 0
	9. Tax due (Multiply Item 7 by Item 8)	9.	<input type="checkbox"/>	<input type="text"/>
	10. TOTAL TAX DUE (Item 6 plus Item 9)	10.	<input type="checkbox"/>	<input type="text"/>
SECTION II ACCIDENT AND HEALTH	11. Gross accident and health premiums (Dollars and cents)	11.	<input checked="" type="checkbox"/>	<input type="text"/>
	12. Employee contribution for benefit plans (Not included in Item 11)	12.	<input checked="" type="checkbox"/>	<input type="text"/>
	13. Non-taxable premiums (From Form 25-205)	13.	<input checked="" type="checkbox"/>	<input type="text"/>
	14. Taxable accident and health premiums (Item 11 plus Item 12 minus Item 13)	14.	<input type="checkbox"/>	<input type="text"/>
	15. Tax rate	15.	<input checked="" type="checkbox"/>	. 0 1 7 5 0
	16. TOTAL TAX DUE (Multiply Item 14 by Item 15. If less than zero, see instructions)	16.	<input type="checkbox"/>	<input type="text"/>
SECTION III PROPERTY AND CASUALTY / TITLE	17. Gross property and/or casualty or title premiums (Dollars and cents)	17.	<input checked="" type="checkbox"/>	<input type="text"/>
	18. Non-taxable premiums (From Form 25-205)	18.	<input checked="" type="checkbox"/>	<input type="text"/>
	19. Taxable premiums (Item 17 minus Item 18)	19.	<input type="checkbox"/>	<input type="text"/>
	20. Tax rate (See instructions)	20.	<input checked="" type="checkbox"/>	<input type="text"/>
	21. TOTAL TAX DUE (Multiply Item 19 by Item 20. If less than zero, enter 0)	21.	<input type="checkbox"/>	<input type="text"/>
22. TOTAL PREMIUM TAX DUE (Total of Items 10, 16 and 21. If less than zero, enter 0)		22.	<input type="checkbox"/>	<input type="text"/>
SEC. IV CR.	23. Credits (See instructions)	23.	<input checked="" type="checkbox"/>	<input type="text"/>
	24. Assessment credits (See instructions)	24.	<input type="checkbox"/>	<input type="text"/>
25. NET PREMIUM TAX DUE (Item 22 minus Items 23 & 24. If less than zero, enter 0)		25.	<input type="checkbox"/>	<input type="text"/>
26. Total prior payments		26.	<input type="checkbox"/>	<input type="text"/>
27. PREMIUM TAX DUE AND PAYABLE (Item 25 minus Item 26)		27.	<input type="checkbox"/>	<input type="text"/>
28. Penalty and interest (See instructions)		28.	<input type="checkbox"/>	<input type="text"/>
29. TOTAL AMOUNT DUE AND PAYABLE (Item 27 plus Item 28)		29.	<input checked="" type="checkbox"/>	<input type="text"/>

Form 25-100 (Rev.11-03/12)

*** DO NOT DETACH ***

Taxpayer name

k.

l.

T Code Taxpayer number Period

Make the amount in Item 29 payable to **STATE COMPTROLLER**. Our mailing address is **111 E. 17th Street, Austin, TX 78774-0100**.

I declare that the information in this document and all attachments is true and correct to the best of my knowledge and belief.

Authorized agent

sign here →

Preparer's name (Please print)

Daytime phone (Area code & number)

Date

If you have any questions regarding Insurance Tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-1387, toll free, nationwide. The Austin number is 512/463-4600. If you're calling from a Telecommunications Device for the Deaf (TDD), the toll-free number is 1-800-248-4099, or in Austin, 512/463-4621.