

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. → 1.

i. j.

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

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

*** DO NOT DETACH ***

Taxpayer name k. l.

■ T Code ■ Taxpayer number ■ Period

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 _____

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

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.