



Name and address (please correct any errors)

| |
|--|
| Tax Period |
| Return due on or before |
| Account Number |
| ▲ Use this number for all references ▲ |

Round to whole dollar amounts

| | | | |
|--|----|--------------------------|----|
| 1. Gross tax due (amount from Schedule A, line 35 or 36, whichever is greater, but not less than zero) | 1 | | 00 |
| 2. Utah based companies only. Examination fees (attach schedule) | 2 | | 00 |
| 3. Guaranty Association credit (please note restrictions in the instructions) ... | 3 | | 00 |
| 4. Total credits (add lines 2 and 3) | 4 | | 00 |
| 5. Allowable credits (lesser of line 1 or line 4, but not less than zero) | 5 | | 00 |
| 6. Previous Guaranty Association Credit Refunds (see instructions) | 6 | | 00 |
| 7. Total tax due (line 1 less line 5 plus line 6). If less than zero, enter "0" | 7 | | 00 |
| 8. Prepayments | | | |
| a. Guaranty Association refunds remitted | 8a | | 00 |
| b. Refund applied from prior years | 8b | | 00 |
| c. First quarter | 8c | | 00 |
| d. Second quarter | 8d | | 00 |
| e. Third quarter | 8e | | 00 |
| 9. Total prepayments (add lines 8a through 8e) | 9 | | 00 |
| 10. TAX DUE WITH RETURN (if line 7 is greater than line 9, subtract line 9 from line 7 and enter amount) | 10 | | 00 |
| 11. OVERPAYMENT (if line 9 is greater than line 7, subtract line 7 from line 9 and enter amount) | 11 | | 00 |
| Check box at right if you want refund applied to tax for 2004 | | <input type="checkbox"/> | |

| | | | | |
|------------|----|--|---|----|
| INS | | | | |
| | | | 5 | 00 |
| | | | 6 | 00 |
| | | | 7 | 00 |
| 8a | 00 | | | |
| 8b | 00 | | | |
| 8c | 00 | | | |
| 8d | 00 | | | |
| 8e | 00 | | | |
| 9 | 00 | | | |
| 10 | 00 | | | |
| 11 | 00 | | | |

DO NOT INCLUDE UTAH STATE INSURANCE DEPARTMENT FEES WITH THIS RETURN.

I declare under the penalties provided by law that to the best of my knowledge this is a true, complete and correct return.

Authorized Signature _____ Date _____ Telephone _____

Return Prepared By _____ Date _____ Telephone _____

Make a copy for your records. Return ENTIRE form, coupon and payment to the Utah State Tax Commission.



INSURANCE PREMIUM TAX RETURN – TC-49

TC-49_1.ai Rev. 12/03

| Federal ID Number | Filing Period | Due Date |
|-------------------|---------------|----------|
| | | |

| | |
|-------------|----|
| Amount Paid | 00 |
|-------------|----|

Make check or money order payable to the Utah State Tax Commission.
 Do not send cash. Do not staple check to this coupon.

UTAH STATE TAX COMMISSION
 INSURANCE PREMIUM TAX RETURN
 210 N 1950 W
 SLC UT 84134-0130



Utah Insurance Premium Tax Return — Schedule A

Annual Report Totals. Include an 8 1/2" x 11" copy of the Utah business page and/or Schedule T of the Annual Report with this return.

| | | | |
|---|----|----|----|
| 1. Life insurance companies. Enter the total from the Utah business page. | 1. | \$ | 00 |
| 2. Property and casualty insurance companies. Enter the total from the Utah business page. | 2. | \$ | 00 |
| 3. Other insurance companies. Enter the total amount from your annual statement of premiums written in Utah. | 3. | \$ | 00 |

Premiums received from direct business in Utah

| | | | |
|--|---|----|----|
| 4. Life insurance | ● | 4 | 00 |
| 5. Annuity | ● | 5 | 00 |
| 6. Health care | ● | 6 | 00 |
| 7. Other disability | ● | 7 | 00 |
| 8. Fire including allied lines | ● | 8 | 00 |
| 9. Other than fire including allied lines | ● | 9 | 00 |
| 10. Motor vehicle liability, personal injury protection, uninsured motorists | ● | 10 | 00 |
| 11. Motor vehicle physical damage (non-fire portion) | ● | 11 | 00 |
| 12. Motor vehicle damage (fire portion) | ● | 12 | 00 |
| 13. Ocean marine | ● | 13 | 00 |
| 14. Other (specify): | ● | 14 | 00 |
| 15. Interest and service charges | ● | 15 | 00 |
| 16. Base Premiums (add lines 4 through 15) | | 16 | 00 |
| 17. Title insurance | ● | 17 | 00 |

Worker's Compensation

| | | | |
|---|-----|-----|----|
| 18a All agencies | 18a | 00 | |
| 18b Deductibles (see instructions) | 18b | 00 | |
| 19. Total of lines 18a and 18b | ● | 19. | 00 |
| 20. Total premiums (add lines 16-17 & line 19) Should agree with line 1, 2 or 3 above. See instructions if amounts do not agree. | ● | 20 | 00 |

Deductions

| | | | |
|---|----|----|----|
| 21. Base Premiums (from line 16 at left) | 21 | 00 | |
| 22. Qualifying health care premiums | ● | 22 | 00 |
| 23. Annuity premiums (from line 5 at left) | 23 | 00 | |
| 24. Ocean marine premiums | 24 | 00 | |
| 25. Premiums from Utah institutions of higher education (excluding worker's compensation premiums) | ● | 25 | 00 |
| 26. Qualifying dividends on life insurance | ● | 26 | 00 |
| 27. Qualifying dividends on fire and allied lines ... | ● | 27 | 00 |
| 28. Qualifying dividends on premiums other than life and fire (does not apply to worker's compensation) | ● | 28 | 00 |
| 29. Total deductions (add lines 22-28) | 29 | 00 | |
| 30. Net taxable premiums (total base premiums line 21 less line 29) | 30 | 00 | |

Tax Computation

If amount is less than zero, enter "none."

| | | |
|---|----|----|
| 31. All other worker's compensation (multiply line 19 by .0975) | 31 | 00 |
| 32. Base premium tax (multiply line 30 by .0225) | 32 | 00 |
| 33. Auto insurance value study tax (multiply line 10 by .0001) | 33 | 00 |
| 34. Title insurance tax (multiply line 17 by .0045) | 34 | 00 |

Gross Tax Due

| | | | | | |
|---|-------------------|----|---|----|----|
| 35. Tax due on Utah basis (add lines 31 through 34) | 35 | 00 | | | |
| 36. Tax due on retaliatory basis | State of Domicile | .. | ● | 36 | 00 |

For retaliatory computation — attach separate page if more space is needed for computation.

DO NOT ENTER ANYTHING BELOW THIS LINE