FORM		INVESTIGATION	NUE SERVICES AND PREVENTION TA CILIATION / RETURN	<b>X</b> 1231	<b>99</b> .100*	
MRS Fire Tax A	Account Number	NAIC ID Numbe	er Period Cov	vered	Due Date	
			January 1 - Decer	mber 31, 2014	March 16, 2015	
				CHECK A	ALL THAT APPLY:	
Business Name (Line 1)				Initia	al Return	
				Ame	ended return	
Business Name (Line 2)				Fina	ıl return	
Street Address and/or Post	Office Box			_		
				Enter closing	MM DD YYYY	
City			State ZIP Code	Cha	nge of name/address	
4	СОМ	PUTATION OF 1	TAX ON FIRE PREMI	UMS		
A Line of Business	ess Return Premiums	C Dividends Paid To or Credited on T	D E ptal Net Percent of Premiums axable Allocated to Fire emiums	F Amount of Pren Allocated to F (column D x colu	Fire	
1a. Fire\$	\$	\$	100.00%		.00	
1b. Inland Marine\$	\$	\$	21.24%		.00	
1c. Aircraft Physical					.00	
Damage\$ Auto Physical	\$	\$	Actual*		.00	
Damage: 1d. Private Passenger\$	\$	\$	1.91%		.00	
1e. Commercial\$	\$	\$	6.93%		.00	
Multiple Peril:	Ψ	Ų	0.3376		.00	
1f. Farmowner's Multiple Peril\$	\$	\$	47.56%		.00	
1g. Homeowners Multiple Peril\$	\$	\$	39.99%		.00	
1h. Commercial Multiple Peril (non-liability)\$	\$	\$	44.59%		.00	
1i. All Other Fire						
Related\$	\$	\$	100.00%		.00	
2. Total amount of premiu	ums allocated to fire (Add I	lines 1a through 1i)	2.		.00	
3. Tax liability (line 2 mult	tiplied by 1.4% (0.014))		3.		.00	
4. Estimated payments			4.		.00	
5. Balance due (If line 3 is greater than line 4, line 3 minus line 4)5.						
6. Overpayment to be refunded (If line 4 is greater than line 3, line 4 minus line 3)						
* Line 1c only:	Enter in column F the prer	niums actually received on f	fire risks located in Maine.		Rev 07/14	

## 2014 FORM INS-5, Page 2



MRS Fire Tax Account Number:

## AFFIDAVIT AND SIGNATURE

This return is made in compliance with the provisions of 25 M.R.S. § 2399. The amount of all gross direct premiums or assessments for fire risks written by this insurer on risks located in, or received from risks resident of, the State of Maine during the year ending December 31, 2014 has been reported. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Date:	Signature:	Telephone	#:		
	Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer or Attorney-in-fact of a reciprocal insurer.				
	Prenarer's				

Date:

Signature:

## INSTRUCTIONS

**Premium amounts to be reported:** A premium is an amount paid or payable for an insurance policy, including all fees (except provider fees paid for service contracts), such as membership, policy, survey, inspection, service and finance fees, that are assessed by and paid to an insurance company in consideration for an insurance policy. The instructions below provide guidance to assist in the preparation of this return. However, accurate and full reporting of premium amounts, including any applicable fees, is the responsibility of each taxpayer.

Note: The fire investigation and prevention tax applies in addition to the insurance premiums tax. A fraternal benefit society, order or lodge, as defined in 24-A M.R.S. section 4101(1) is exempt from Maine insurance premiums taxes.

Line 1. Amount of Premiums Allocated to Fire. Calculate the total amount of premiums allocated to fire insurance for each line of business identified in column A.

**Column B Gross Premiums.** Enter the gross direct premiums written, less return premiums and premiums on policies not taken. Generally, gross direct premiums are reported on the Exhibit of Premiums and Losses (Maine State Page) of the NAIC Annual Statement, column 1 and related finance and service charges are reported on Schedule T, column 8 (Finance and Service Charges not Included in Premiums).

**Column C Dividends Paid or Credited on Direct Business.** Enter dividends paid or credited to policyholders on direct premiums. Amounts entered must agree with column 3 of the Maine portion of the NAIC annual statement.

**Column D Total Net Taxable Premiums.** Subtract the column C amount from the column B amount and enter the result.

Column E Percent of Premiums Allocated to Fire. The

percentages listed represent the ratio of fire losses to total losses based on historical data. An insurer may not deviate from these percentages.

**Column F Amount of Premiums Allocated to Fire.** Multiply the column D amount by the column E percentage and enter the result.

**Line 2. Total Premium.** Add column F amounts for each line of business (line 1a through line 1i) and enter the sum on this line (Total amount of premiums allocated to fire).

Line 3. Tax Liability. Every fire insurance company or association that does business or collects premiums or assessments in Maine is required by statute to pay 1.4% of the net taxable premiums for fire risks written in Maine.

**Line 4. Estimated Payments.** Enter the total amount of monthly estimated payments already made in 2014.

**Line 5. Balance Due.** Payment is due with this return. Late payments are subject to interest and penalties.

**Note:** Certain taxpayers with large annual tax liabilities are required to remit tax payments electronically. See MRS Rule 102 on the MRS web site (select Laws & Rules) for details.

For calendar year 2015, the interest rate is 7%, compounded monthly. The penalty for failure to file a return is the greater of \$25 or 10% of the tax due. If the return is not filed within 60 days after the receipt of a demand notice to file, the penalty is the greater of \$25 or 25% of the tax due. The penalty for failure to pay a tax liability on time is 1%, up to a maximum of 25%, of the outstanding liability.

Line 6. Overpayment. All overpayments will be refunded.



If enclosing a check, make check payable to: <u>Treasurer, State of Maine</u> and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065 If not enclosing a check, MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064