

## TEXAS INSURANCE SEMI-ANNUAL PREMIUM TAX PAYMENT WORKSHEET

(Licensed Companies and Miscellaneous Organizations)

a. Taxpayer number	b. Filing period	c.	d. Due date
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e. Taxpayer name and mailing address

KEEP THE TOP PORTION OF THIS  
 FORM FOR YOUR RECORDS  
 RETURN ONLY THE BOTTOM PORTION

f. Type of carrier

**Taxpayers with prior year's net tax liability greater than \$1,000 may elect to make their prepayment under Option I or Option II.**

OPTION I - CALCULATION USING PREVIOUS YEAR'S NET TAX LIABILITY (See instructions)

- |   |          |
|---|----------|
| 1. Amount of NET PREMIUM TAX DUE from last year's annual tax report ..... | 1. _____ |
| 2. Payment amount (Multiply Item 1 by 0.50) .....                         | 2. _____ |

OPTION II - CALCULATION USING CURRENT YEAR'S NET TAX LIABILITY (See instructions)

**NOTE: If your current year's actual liability exceeds your estimate, you may owe penalty and/or interest on the amount underestimated.**

- |  |          |
|--|----------|
| 3. Estimated amount of NET PREMIUM TAX DUE in current year ..... | 3. _____ |
| 4. Payment amount (Multiply Item 3 by 0.50) .....                | 4. _____ |

OPTION III - CALCULATION WITH NO PRIOR YEAR'S NET TAX LIABILITY (See instructions)

**LIFE INSURANCE PREMIUMS OR HMO REVENUES:**

- |   |          |
|---|----------|
| 5. Multiply the first \$450,000 of your two previous calendar quarters' gross life premiums or HMO revenues by <b>0.00875</b> ..... | 5. _____ |
| 6. Multiply your two previous calendar quarters' gross life premiums or HMO revenues over \$450,000 by <b>0.0175</b> .....          | 6. _____ |
| 7. Total payment amount on gross life premiums or HMO revenues (Item 5 plus Item 6) .....   | 7. _____ |

**ACCIDENT AND HEALTH INSURANCE PREMIUMS:**

- |  |          |
|--|----------|
| 8. Multiply your two previous calendar quarters' gross accident and health premiums by <b>0.0175</b> ..... | 8. _____ |
|--|----------|

**PROPERTY AND CASUALTY INSURANCE PREMIUMS:**

- |   |          |
|---|----------|
| 9. Multiply your two previous calendar quarters' property and casualty premiums, <b>NOT</b> including accident and health premiums, by <b>0.016</b> ..... | 9. _____ |
|---|----------|

**TITLE INSURANCE PREMIUMS:**

- |   |           |
|---|-----------|
| 10. Multiply your two previous calendar quarters' gross title premiums by <b>0.0135</b> .....     | 10. _____ |
| 11. TOTAL PAYMENT DUE (Item 2 <u>OR</u> Item 4 <u>OR</u> the total of Items 7, 8, 9 and 10) ..... | 11. _____ |



DETACH BELOW AND KEEP THIS UPPER PART FOR YOUR RECORDS



RETURN THIS PART ONLY WITH YOUR PAYMENT

Form 25-101 (Rev. 12-00/7)

## TEXAS INSURANCE SEMI-ANNUAL PREMIUM TAX PAYMENT

- |  |             |
|--|-------------|
| 12. TOTAL AMOUNT DUE AND PAYABLE (Item 11) ..... | 12. ■ _____ |
|--|-------------|

Taxpayer name	g.	h.
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■ T Code      ■ Taxpayer number      ■ Period

Make the amount in Item 12 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.

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 <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <b>sign here</b>  </div> <div>             Preparer's name (Please print)           </div> </div>	
Daytime phone (Area code & number)	Date