**Section 2515.ILLUSTRATION B Supplemental Retaliatory Tax Return**

# SUPPLEMENTAL RETALIATORY TAX RETURN

|  |  |
| --- | --- |
| Federal Employer Identification Number (FEIN#) |  |
|  | Insurance Company |
| Name of Company |
|  |
| Street and Number | City | State | Zip Code |
|  |

For the tax period ending the last day of December, \_\_\_\_\_\_\_\_ as required by Section 444.1(4) of the Insurance Code (215 ILCS 5/444.1(4)) and 50 Ill. Adm. Code 2515.70 this Supplemental Retaliatory Tax Return is being filed due to the protested privilege tax in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for this same tax period.

SUPPLEMENTAL RETALIATORY TAX

|  |  |
| --- | --- |
| 1. Total State of Illinois Basis as reported in the Retaliatory Tax Return filed pursuant to 50 Ill. Adm. Code 2515. (As shown in 2515.Illustration A page 4 line 9)  | $ |
| 2. Total State of Incorporation Basis as reported in the Retaliatory Tax Return filed pursuant to 50 Ill. Adm. Code 2515. (As shown in 2515.Illustration A page 4 line 10) | $ |
| 3. Total Retaliatory Tax due as reported in the Retaliatory Tax Return filed pursuant to 50 Ill. Adm. Code 2515. (As shown in 2515.Illustration A page 4 line 11) | $ |
| 4. Protested Privilege Tax Amount  | $ |
| 5. Adjusted State of Illinois Basis for protested amount (Subtract Line 4 from line 1)  | $ |
| 6. Total Supplemental Retaliatory Tax due (Subtract Line 5 from Line 2) (Line 6 is the amount, if any, of supplemental retaliatory tax due and owing for the tax period in question if the protest were upheld. If Line 5 is greater than Line 2 no Supplemental Retaliatory Tax is due.) | $ |
| Certified for deposit to General Revenue the amount shown on line 6 | $ |
| I, |  | of the |  | , declare under |
|  | Name of Corporate Officer |  | Company Name |  |
| penalties of perjury that the foregoing Supplemental Retaliatory Tax Return has been examined by me and to the best of my knowledge and belief is true correct and complete.  |