**Section 2520.ILLUSTRATION A Annual State Fire Marshal Tax Return**

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| Name of Company | | | | | | | | | | | | | | | |  | FEIN | | | | | | |
| For the year ending the last day of December, | | | | | |  | | | | | | | as required by 425 ILCS 25/12. | | | | | | | | | | |
| **Illinois State Fire Marshal Tax Worksheet Must Be Completed First** | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Net amount of taxable premiums from Worksheet Line 13 | | | | | | | | | | | | | | | | | | $ |  | | | |
| 2. | Tax Due (1% of Line 1) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 3. | State Fire Marshal Tax Credit | | | | | | | | | | | | | | | | | |  |  | | | |
|  | (deduct prior year overpayment; attach copy of credit letter) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 4. | Amount of tax paid (subtract Line 3 from Line 2) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 5. | Penalty for failure to file tax statement ($200/month or 5% of tax, whichever is greater) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 6. | Penalty for failure to pay tax (5% of tax due) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 7. | Interest on tax paid after due date (IRS rate during tax period, 12% minimum) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 8. | Total penalty and interest (add Lines 5 through 7) | | | | | | | | | | | | | | | | | | $ |  | | | |
| 9. | Balance due (Line 4 plus Line 8) | | | | | | | | | | | | | | | | | | $ |  | | | |
| **A separate check is requested for each company of an insurance group and for each tax or fee. You must complete and return this statement, even if no tax is due.** | | | | | | | | | | | | | | | | | | | | | | | |
| The undersigned President and Secretary of the | | | | | | | | |  | | | | | | | | | | | | | | |
| Insurance Company, being duly sworn upon their oaths, say that the foregoing report and the statements contained therein and each and **every one of them are true and correct.** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Secretary's signature** | | | **Date** | | | | | |  | | | **President's signature** | | | | | | | | | **Date** | | |
| Subscribed and sworn to before me this | | | |  | | | day of | | | | | | |  | | | | | | | | | . |
|  | | | | | | | | |  | | |  | | | | | | | | | | | |
| **Notary Public** | | | | | | | |  | | | **Contact Person** | | | | | | | | | | |  | |
| My commission expires | |  | | |  | | | | | Phone: | | | | |  | | |  | | | | | |
| Remittance should be made payable to Director of Insurance and mailed with the completed tax statement form to attention: Tax and Fiscal Services Section, Illinois Department of Insurance, 320 West Washington Street, Springfield, Illinois, 62767-0001. | | | | | | | | | | | | | | | | | | | | | | | |
| **Important Notice:** Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. | | | | | | | | | | | | | | | | | | | | | | | |

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| **Illinois State Fire Marshal Tax Worksheet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FEIN:** |  |  |  | | -- | | | |  |  |  | | |  |  |  |  |  |  |  | | | |  |  |  | |  | | | | | | | | | | | | | |
| **Name of Company** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street and Number | | | | | | | | | | | | | | City | | | | | | | | | State | | | | | | | | Zip Code | | | | | | | | | |
| **Line of Business & Corresponding**  **Line from Page 15, Annual**  **Statement** | | | | | | | | | | | | | **Net Direct Premium**  **(Col. 2 less Col. 4,**  **Page 15)** | | | | | | | | | | **Illinois Fair**  **Plan**  **Premiums** | | | | | | | **Percentage**  **Applicable** | | | | | **Taxable**  **Premium** | | | | | |
| Fire\* | | | | | | | 1. | | | | | |  | | | | | | | | | Less | | | | |  | | | 100% | | | |  | | | 1. | | |
| Allied Lines \* | | | | | | | 2.1 | | | | | |  | | | | | | | | | Less | | | | |  | | | 25% | | | |  | | | 2. | | |
| Multiple Peril Crop | | | | | | | 2.2 | | | | | |  | | | | | | | | |  | | | | | | | | 1% | | | |  | | | 3. | | |
| Farmowners M.P. | | | | | | | 3. | | | | | |  | | | | | | | | |  | | | | | | | | 40% | | | |  | | | 4. | | |
| Homeowners M.P.\* | | | | | | | 4. | | | | | |  | | | | | | | | | Less | | | | |  | | | 40% | | | |  | | | 5. | | |
| Commercial M.P. | | | | | | | 5.1 | | | | | |  | | | | | | | | |  | | | | | | | | 40% | | | |  | | | 6. | | |
| (non-liability) | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | |  | | |
| Ocean Marine | | | | | | | 8. | | | | | |  | | | | | | | | |  | | | | | | | | 15% | | | |  | | | 7. | | |
| Inland Marine | | | | | | | 9. | | | | | |  | | | | | | | | |  | | | | | | | | 15% | | | |  | | | 8. | | |
| Earthquake | | | | | | | | 12. | | | | |  | | | | | | | | |  | | | | | | | | 25% | | | |  | | | 9. | | |
| Private Pass | | | | | | | | 21.1 | | | | |  | | | | | | | | |  | | | | | | | | 5% | | | |  | | | 10. | | |
| Auto P/Dam TOTAL | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | |  | | |
| Commercial | | | | | | 21.2 | | | | | | |  | | | | | | | | |  | | | | | | | | 5% | | | |  | | | 11. | | |
| Auto P/Dam TOTAL | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |  | | |  | | |
| Aircraft (All Perils) | | | | | | 22. | | | | | |  | | | | | | | | | |  | | | | | | | | 10% | | | |  | | | 12. | | |
| Total Taxable Premiums (carry forward to line 1 of Annual Return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | 13. | | |
| State Fire Marshal Tax Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | 14. | | |
| State Fire Marshal Tax (carry forward to line 2 of Annual Return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | 15. | | |
| \*Do not include the FAIR Plan as your company direct premium written. The FAIR Plan will pay the State Fire Marshal Tax on these premiums. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |