**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. |