



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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www.oci.ga.gov

2012 ANNUAL PREMIUM TAX RETURN DUE MARCH 1, 2013

PREMIUM TAX
GID-012-PT C7H&S%&

Report of \_\_\_\_\_, chartered in the state of \_\_\_\_\_ showing gross direct premiums received and premium tax due in the state of Georgia for the year ended December 31, 2012.

TYPE OF COMPANY: LIFE AND A&S \_\_\_\_\_ HMO \_\_\_\_\_ P&C, SURETY OR CAPTIVE \_\_\_\_\_ TITLE \_\_\_\_\_ OTHER \_\_\_\_\_

COMPANY NAIC NUMBER: \_\_\_\_\_ ORIGINAL AMENDED

Form with multiple sections: 1. Gross direct premium received... 2. Less premiums returned... 3. Taxable premiums... 4. Amount of premium tax... ABATEMENTS AND DEDUCTIONS... 5. Allowed under O.C.G.A. §33-8-5... 6. Allowed under O.C.G.A. §33-8-7... 7. Allowed under O.C.G.A. §33-8-8... 8. Life and A&S guaranty assessments... 9. County/Municipal taxes... 10. TOTAL ABATEMENTS AND DEDUCTIONS... 11. Premium tax net of abatements... 12. Georgia Premium Tax Credits... 13. Retaliatory tax... 14. Total tax liability... PREPAYMENTS AND CREDITS... 15. (a) Prepayment Quarter 1... (b) Prepayment Quarter 2... (c) Prepayment Quarter 3... (d) Prepayment Quarter 4... (e) Prior Year Overpayment... 16. TOTAL PREPAYMENTS AND CREDITS... 17. BALANCE DUE... 18. Quarterly Breakdown of Premium Collections... Under penalties of perjury, I declare that I have examined this return... ELECTRONIC FILERS: [ ] Fill-in name, email and phone number below... FILER'S INFO: Corporate Officer's Name, Corporate Officer's Email Address, Telephone Number. PAPER FILERS SIGN HERE: Signature of Corporate Officer of Taxpayer, Date, Title.

## FILING INSTRUCTIONS

Complete voucher in the bottom section of the form. To avoid penalties and interest, the return must be electronically filed or postmarked with a U.S.P.S. postmark-NOT IN- HOUSE POSTAGE EQUIPMENT-no later than **March 1, 2013**. If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at (404) 656-7553 for bank information and instructions. Payment by check or EFT is due on or before March 1, 2013.

### PAYMENT INSTRUCTIONS FOR ELECTRONIC FILERS

**If Paying By ACH:**

( Preferred Option )  
Include NAIC#, Company Name and tax period on ACH payment.

**If Paying By Check:**

Mail payment and voucher to:  
Georgia Dept. of Insurance  
Premium Tax Division  
P.O. Box 935134  
Atlanta, GA 31193 - 5134

**To overnight payment:**

Send payment and voucher to:  
Wachovia Bank  
Georgia Dept. of Insurance  
Premium Tax Division  
Lockbox 935134  
3585 Atlanta Avenue  
Hapeville, GA 30354

### PAYMENT & MAILING INSTRUCTIONS FOR PAPER FILERS

**If Paying By ACH:**

Mail return to:  
Georgia Dept. of Insurance  
Suite 916  
2 Martin Luther King, Jr. Dr.  
Atlanta, GA 30334

**If Paying By Check:**

Mail return and payment to:  
Georgia Dept. of Insurance  
Premium Tax Division  
P.O. Box 935134  
Atlanta, GA 31193 - 5134

**To overnight payment:**

Send return and payment to:  
Wachovia Bank  
Georgia Dept. of Insurance  
Premium Tax Division  
Lockbox 935134  
3585 Atlanta Avenue  
Hapeville, GA 30354

DO NOT INCLUDE THIS FORM IN ANNUAL STATEMENT FILING.

DO NOT REMIT ANNUAL LICENSE FEE OR FILING FEES WITH PREMIUM TAX PAYMENT.

NOTE: If you have any questions regarding the completion of this form, please call  
(404) 656-7553

E-mail: [premiumtax@oci.ga.gov](mailto:premiumtax@oci.ga.gov)

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Detach Here At Dotted Line and Mail With Your Payment If You Are Submitting Your Tax Return Electronically  
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<b>GID - 012V - PT</b>		<b>Payment Voucher</b>		<b>2012</b>	
Print or Type	NAIC NO.:	PERIOD ENDING:	Amount you are paying by check	Dollars	Cents
	COMPANY NAME:				
	ADDRESS:				
	CONTACT NAME & PHONE NO.:				

# INSTRUCTIONS FOR FORM GID-012-PT

(2012 ANNUAL PREMIUM TAX RETURN)

## PREMIUM TAX CALCULATION

Enter Company Name, State of Domicile and NAIC# in the spaces provided. Indicate Company type and check the box for Original or Amended.

- Line 1 Enter gross direct premiums received on policies issued without any deductions allowed for premium abatements of any kind or character or for reinsurance or for cash surrender values paid, or for losses or expenses of any kind on Line 1. Include any assessment, or any membership, policy, survey, inspection, service or similar fee or charge. Exclude premiums for annuities. YOU MUST ATTACH FORM GID-203-PT - STATEMENT OF RECONCILIATION IF PREMIUMS ENTERED ON LINE 1 DO NOT AGREE WITH PREMIUMS FOR GEORGIA AS SHOWN ON SCHEDULE T OF THE ANNUAL STATEMENT.
- Line 2 Enter on Line 2 returned premiums or assessments, including all policy dividends, refunds, or other similar returns paid or credited to policyholders and not reapplied as premium for additional or extended life insurance. A negative amount on Line 2 will serve to increase taxable premiums. (O.C.G.A. §33-8-4)
- Line 3 Calculate the taxable premiums by subtracting Line 2 from Line 1. Enter the calculated amount on Line 3.
- Line 4 Calculate the premium tax due by multiplying Line 3 by .0225. If the calculated amount is positive, enter the amount on Line 4.

## ABATEMENTS AND DEDUCTIONS

- Line 5 Before completing Line 5, calculate the abatement percentage available using Form GID-014-PT. Enter the amount shown on Form GID-014-PT, Line 7a or 7b on Line 5. Attach Form GID-014-PT and all information required to support the abatement. If the abatement percentage calculated on Form GID-014-PT is at least 25% and less than 75%, the available abatement is Line 3 times .01. If the abatement percentage calculated on Form GID-014-PT is at least 75%, the available abatement is Line 3 times .0175.
- Line 6 Before completing Line 6; calculate the total retaliatory taxes paid to foreign states for the 2012 tax year using Form GID-015-PT. Form GID-015-PT is only applicable to Georgia domiciled companies issuing policies as described in the top section of Form GID-015-PT. If the total retaliatory tax paid as reflected on Form GID-015-PT is greater than zero, enter the amount on Line 6. Attach Form GID-015-PT and proof of payment of all retaliatory taxes claimed.
- Line 7 Before completing Line 7; calculate the total license fees paid to municipalities during 2012 using Form GID-017A-PT. Form GID-017A-PT is **only applicable to Life, A&S, and HMO companies**. If the total license fees paid as reflected on the Form GID-017A-PT is greater than zero, enter the amount on Line 7. Attach Form GID-017A-PT to support the deduction claimed.
- Line 8 Before completing Line 8, calculate the amount of deduction of Life and Health Guaranty Assessments available using Form GID-050-PT. If the total credit to be taken as reflected under Column E of Form GID-050-PT is greater than zero, enter the amount on Line 8. Attach GID-050-PT to support the deduction claimed.
- Line 9 On Line 9; enter the amount of County/Municipal taxes paid during 2012. Line 9 is **only applicable to Life, A&S, and HMO companies**. Companies other than Life, A&S, and HMO should claim any County/Municipal taxes paid in 2012 in Column 1, Line 9 of Form GID-013-PT.

Line 10 Calculate the total abatements and deductions by adding Lines 5, 6, 7, 8, and 9. Enter the sum on Line 10.

## CALCULATION OF TOTAL TAX LIABILITY

- Line 11 Calculate the premium tax net of abatements and deductions by subtracting Line 10 from Line 4. If the calculated amount is positive, enter the amount on Line 11. If the calculated amount is negative, enter \$0 on Line 11.
- Line 12 Form GID-205-PT must be completed before entering an amount on Line 12 and cannot exceed the amount on Line 11. Complete documentation must be attached to support ALL credits claimed.
- Line 13 Before completing Line 13; calculate the amount of retaliatory tax due using Form GID-013-PT. Form GID-013-PT is applicable to all foreign and alien insurers. Enter the amount of retaliatory tax due on Line 13. Attach Form GID-013-PT to support the retaliatory tax calculation.
- Line 14 Calculate the total tax liability: Line 11 minus Line 12 plus Line 13. If the calculated amount is positive, enter the amount on Line 14. **If the calculated amount is negative, enter \$0 on Line 14.**

**!!! DO NOT print or send INSTRUCTIONS pages if submitting a paper filing !!!**

## PREPAYMENTS AND CREDITS

Line 15 On lines 15a, 15b, 15c, and 15d, enter the amounts actually paid with the first, second, third, and fourth quarter Statements of Quarterly Premium Tax, respectively. Do not include overpayment credits applied.

On Line 15e, enter the amount of non-refunded overpayment, if any. The amount of overpayment should be equal to the amount of Line 17 on the &\$\$% Form GID-012-PT, plus/minus any audit adjustments or refunds made by the Insurance Commissioner's Office of Georgia.

Line 16 Calculate the total prepayments and credits by adding amounts on Lines 15a, 15b, 15c, 15d, and 15e. Enter the calculated amount on Line 16.

## BALANCE DUE

Line 17 Calculate the balance due by subtracting Line 16 from Line 14. Enter the calculated amount on Line 17. If the amount on Line 17 is greater than zero, please enclose your check payable to: **Georgia Insurance Department**. If the amount is negative, you may apply the overpayment to future state premium tax payments. Refunds may only be requested in writing under separate cover.

## QUARTERLY BREAKDOWN OF PREMIUM COLLECTIONS

Line 18 Lines 18a, 18b, 18c, and 18d - Provide the amount of premiums collected in the first, second, third, and fourth quarter, respectively. Enter the total of Lines 18a, 18b, 18c and 18d on Line 18e. Line 18e must equal Line 3.

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