



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334



www.oci.ga.gov

Phone: 404-656-7553

PREMIUM TAX
GID-012A-PT
Rev OCT2016

STATEMENT OF QUARTERLY PREMIUM TAX

FOR THE PERIOD ENDED \_\_\_\_\_, 2017

Address/Contact Change? See #7 in instructions

AMENDED [ ]

Company Name
Mailing Address for Premium Tax
City, State and ZIP
Contact Name for Premium Tax Issues
Contact Phone Number
Contact E-Mail Address
Company Type: Life and A&S \_\_\_\_\_ HMO \_\_\_\_\_ P&C, Surety \_\_\_\_\_ Title \_\_\_\_\_ Other \_\_\_\_\_
State of Domicile \_\_\_\_\_ Company NAIC#/ORGID \_\_\_\_\_

Table with 2 columns: METHOD 1 and METHOD 2. Rows include 1a. Total Tax Paid for year ended 12/31/2016, 1b. Prepayment Due, 2a. Estimated Taxable Premiums for this Quarter, 2b. Prepayment Due, 3. Prepayment Due From Line 1b or Line 2b Above, 4. Prior Year Overpayment To Be Applied This Quarter, 5. Payment Included With This Statement.

If Paying By Check via Mail:
Georgia Dept. of Insurance
Premium Tax Division
P.O. Box 935134
Atlanta, GA 31193-5134

If Paying By Check via Courier Overnight:
Wells Fargo Bank
Georgia Dept. of Insurance-Premium Tax Division
Lockbox 935134
3585 Atlanta Ave., Hapeville, GA 30354

INSTRUCTIONS

- 1. Estimated quarterly payments must be at least 80% of tax actually due (NOT OF TAX ESTIMATED TO BE DUE) for the quarter or you may make four equal quarterly payments based on preceding calendar year's tax. (O.C.G.A. § 33-8-6)
2. Make checks payable to "Georgia Insurance Department."
3. Abatements/credits provided for in Title 33 of the Official Code of Georgia Annotated may not be used in determining quarterly estimated premium tax due.
4. Quarterly returns must be electronically filed on or before the 20th day of March, June, September and December. If payment is due, payment must be received on or before the 20th day of March, June, September and December and if mailed, must be POSTMARKED BY THE U.S. POSTAL SERVICE (NOT IN-HOUSE POSTAGE EQUIPMENT). If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at premiumtax@oci.ga.gov for bank information and instructions.
5. Valid period ending dates are March 31, June 30, September 30, and December 31.
6. If you have questions regarding the completion of this form, please contact the Premium Tax Unit of the Georgia Insurance Department at (404) 656-7553. (E-mail: premiumtax@oci.ga.gov )
7. If there is an address/contact change please contact the Georgia Insurance Department at premiumtax@oci.ga.gov and provide the corrected address, contact name, phone number, and e-mail.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

ELECTRONIC FILERS: [ ] Fill-in name, email and phone number below. By checking this box, I am acknowledging that I am a legally authorized representative of the company and have the authority to e-file the premium tax statements.

FILER'S INFO
Corporate Officer's Name
Corporate Officer's Email Address
Telephone Number

GEORGIA INSURANCE DEPARTMENT - PREMIUM TAX UNIT

\*\*\* REMINDERS \*\*\*

- Any request for a refund of overpayment of state premium tax must be made ***in writing***.  
Please call our office at (404) 656-7553 if you have any questions.
- Website information: [www.oci.ga.gov](http://www.oci.ga.gov)

Electronic Funds Transfer Information:

The State of Georgia accepts electronic transfer of funds (ACH) for state, local and fraud fund payments. If your company would like to utilize this method of payment, please contact the Premium Tax Division at 404-656-7553 for further information or [premiumtax@oci.ga.gov](mailto:premiumtax@oci.ga.gov). Funds transferred electronically must be available to the Office of Commissioner of Insurance on or before the applicable due date or penalty and interest charges will be assessed in accordance with O.C.G.A. § 33-8-6(d).

Additionally, the Annual Premium Tax Return and Statements of Quarterly Premium Tax **MUST** be filed electronically with the Office of Commissioner of Insurance, regardless of which method of payment your company chooses to utilize. If your company uses a single electronic transfer to remit payment for a group of companies, you must provide a listing of all individual companies represented by such payment. This listing should include a breakdown of the amount of tax paid for each respective company.

2017 - DATES TO REMEMBER

March 1, 2017	Annual Premium Tax Return
March 20, 2017	First Quarter Statement of Quarterly Premium Tax
June 20, 2017	Second Quarter Statement of Quarterly Premium Tax
August 1, 2017	County/Municipal Tax
September 1, 2017	Special Fraud Fund Assessment
September 20, 2017	Third Quarter Statement of Quarterly Premium Tax
December 20, 2017	Fourth Quarter Statement of Quarterly Premium Tax

The items above are due on the dates indicated. This listing is not intended to be a comprehensive list of all filings due to the Georgia Insurance Department. This listing only addresses filings that are due to the Premium Tax Unit of the Georgia Insurance Department.

**Please note: Pursuant to O.C.G.A. §33-8-6(d); late payment, underpayment or non-payment of any of the above items will result in the imposition of penalties in the amount of 10% of the amount due, together with interest on the amount due at the rate of 1% per month or any portion of a month from the date due until the date paid.**

**If Paying By Check via Mail:**

*Mail payment and voucher to:*

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Premium Tax Division  
P.O. Box 935134  
Atlanta, GA 31193 - 5134

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