



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



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www.oci.ga.gov

PAYMENT VOUCHER

PREMIUM TAX
GID-012V-PT OCT2016

Beginning 1/1/2014, all quarterly and annual returns must be filed electronically. If payment is due, an electronic payment option may be accessed at the time of filing through Premium Pro, otherwise complete the voucher below. To avoid penalties and interest, the return must be electronically filed and payment made no later than the applicable due date (refer to chart below). 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.

PAYMENT INSTRUCTIONS

If Paying By ACH:

Include NAIC/ORGID#, 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:

Wells Fargo Bank
 Georgia Dept. of Insurance
 Premium Tax Division
 Lockbox 935134
 3585 Atlanta Avenue
 Hapeville, GA 30354

	<u>2017 - Dates To Remember</u>	<u>2017 - CAPTIVES</u> (GID-012C-PT)
March 1, 2017	Annual Premium Tax Return (GID-012-PT)	
March 20, 2017	First Quarter Statement of Quarterly Premium Tax (GID-012A-PT)	
June 20, 2017	Second Quarter Statement of Quarterly Premium Tax (GID-012A-PT)	
September 20, 2017	Third Quarter Statement of Quarterly Premium Tax (GID-012A-PT)	
December 20, 2017	Fourth Quarter Statement of Quarterly Premium Tax (GID-012A-PT)	

!! 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
 Email: premiumtax@oci.ga.gov

Please complete the Electronic Filing process before completing and submitting the Payment Voucher.

GID-012V-PT		Payment Voucher				Tax Year:	
<u>NAIC /ORGID Number:</u>		<u>Period Ending</u> →				<u>Amount Of Payment:</u>	
		Q1	Q2	Q3	Q4	Annual	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Company Name:</u>							
<u>Address:</u>							
<u>Contact Email:</u>							
<u>Contact Name:</u>				<u>Contact Phone:</u>			
<input type="checkbox"/> ← Check this box for any Address Changes				<input type="checkbox"/> ← Check this box for any Contact Changes			