

**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

Phone: 404-656-7553 ♦ Email: [premiumtax@oci.ga.gov](mailto:premiumtax@oci.ga.gov)[www.oci.ga.gov](http://www.oci.ga.gov)**PREMIUM TAX  
GID-012V-PT****PAYMENT VOUCHER**

Beginning 1/1/2014, all quarterly and annual returns must be filed electronically. If payment is due, complete the voucher below. To avoid penalties and interest, the return must be electronically filed 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](mailto:premiumtax@oci.ga.gov)** for bank information and instructions. Payment by check or EFT is due on or before the applicable due date.

**PAYMENT INSTRUCTIONS****If Paying By ACH:**

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:*

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

**2014 – Dates To Remember**

March 3, 2014	Annual Premium Tax Return
March 20, 2014	First Quarter Statement of Quarterly Premium Tax
June 20, 2014	Second Quarter Statement of Quarterly Premium Tax
September 22, 2014	Third Quarter Statement of Quarterly Premium Tax
December 22, 2014	Fourth Quarter Statement of Quarterly Premium Tax

**!! 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](mailto:premiumtax@oci.ga.gov)

<b>GID-012V-PT</b>		<b>Payment Voucher</b>		<b>Tax Year:</b>	
<b>NAIC #:</b>		<b>Period Ending:</b>		<b>Amount Of Payment:</b>	
				Amount you are paying:	
				Dollars	Cents
<b>Company Name:</b>					
<b>Address:</b>					
<b>Contact Email:</b>					
<b>Contact Name:</b>			<b>Contact Phone:</b>		
<input type="checkbox"/> ← Check this box for any Address Changes			<input type="checkbox"/> ← Check this box for any Contact Changes		